THE COMMONWEALTH OF MASSACHUSETTS

PUBLIC ASSISTANCE POLICY MANUAL

of the

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

chap. 1-2

Revised 1965 -1982

Robert F. Ott, Commissioner

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MASSACHUSETTS PUBLIC ASSISTANCE POLICY MANUAL

ELIGIBILITY REQUIREMENTS FOR DISABILITY ASSISTANCE

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THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE.....

FORWARD

Effective January 1, 1974, the Massachusetts Department of Public Welfare will no longer administer the cash assistance programs for OAA and DA. OAA and DA cases will be converted to the Supplemental Security Income (SSI) program which will be administered by the Federal government (Social Security Administration). That means that the portion of this manual dealing with OAA and DA will become obsolete. Therefore, as of January 1, 1974, disregard all references to OAA and DA in this manual.

The OAA and DA sections of this manual are being left in place for the time being since other sections of the manual sometimes refer to them, or depend on them. Residency as an eligibility factor, for instance, is only defined in Section A of Chapter I, which is the OAA section. Therefore, the OAA and DA sections of the manual will be left in place, but are only to be referred to when needed to understand another section.

References to OAA and DA in State Letters and Administrators Letters are also to be disregarded as of January 1, 1974.

Eventually the whole format of the PA Policy Manual will be changed as separation takes full effect. When this occurs, obviously the references to OAA and DA will be deleted, and the necessary cross-references will be included in the appropriate sections.

Trans. by S.L. 322

Revised 1965

INTRODUCTION

All residents of Massachusetts have a right to apply for public assistance and to receive financial assistance and social services whenever they are needed. They have a further right to expect that their requests will be processed promptly, that they will be able to discuss their needs with a social worker in privacy, that they will be treated with consideration and respect, and that all information concerning themselves and their problems will be safeguarded with the strictest confidentiality.

Making an application for public assistance or receiving it must not be regarded as any more degrading or made any more humiliating than requesting other services provided through public funds or from tax-supported agencies such as a school department.

The eligibility requirements, the policies and the procedures described in this Manual must not be considered as limitations that restrict the activity, scope, and goals of the agencies administering public assistance. Instead, they should be regarded as opportunities to provide financial assistance and a variety of social services which will enable families and individuals to attain or retain capability for independence and self-support; to help maintain and strengthen family life; to promote a healthy population and to prevent illness; and to furnish the maximum economic, social, and physical rehabilitation wherever necessary.

Revised 1967

MASSACHUSETTS PUBLIC ASSISTANCE POLICY MANUAL

Revised 1967

CHAPTER I - ELIGIBILITY REQUIREMENTS

Reference: Chapter 118A, Sections 1 to 12; Department Rules and Regulations.

The following are the eligibility requirements for OAA:

1. Age

Applicant must be at least sixty-five years of age.

2. Residence

Definition of Residence

The term "residence" means to occupy an established place of abode with no present intention of definite and early removal, but not necessarily with the intention of remaining permanently.

Interpretation

It is not necessary that an applicant or recipient be physically present at all times in his place of residence.

The occupancy or continued maintenance of a home by an applicant or recipient indicates the establishment of his residence in a given community of the Commonwealth. Temporary absence from established residence for valid purposes, i.e., health, business reasons, family commitments, etc., does not interrupt continuity of residence. The applicant's or recipient's intent at the time he left his place of residence will help to determine whether it was planned as a permanent change of residence or a temporary absence.

If the applicant or recipient left the Commonwealth, i.e., to search for employment or secure support from relatives, etc., and returned as soon as he was aware that his plans could not be fulfilled, he shall be considered as having retained his residence in the Commonwealth during that period regardless of this absence.

A recipient who moves permanently from the Commonwealth is ineligible for continued assistance.

Applicants must reside in the Commonwealth but there is no durational residence requirement.

a. An applicant is not eligible who is a patient in a private institution for mental disease.

b. An applicant is not eligible who is an inmate of a public institution unless such applicant is a patient in a public medical institution approved by the Department of Public Health.

c. An applicant who is a patient in a public medical institution, chronic hospital or nursing home approved or licensed by the Department of Public Health and who needs a money payment is eligible for OAA.

d. Residence in a private charitable institution does not affect eligibility. In determining the eligibility of such an applicant the rate of $85 a month shall be applied against the entrance fee or deposits he has placed with the home. If such fee or deposits have not been used up under the monthly rate of $85, he shall not be eligible until such time as the fee or deposits have been exhausted in accordance with this rate.

3. Temporary Residence outside the Commonwealth

In all of the following situations the recipient or someone in his behalf shall notify the worker before leaving and upon returning to the Commonwealth.

A recipient who is to be temporarily absent from the Commonwealth must notify the worker prior to his departure or as soon as possible thereafter. The worker must then notify the recipient that if the absence is to extend beyond a six-month period, he must establish that he intends to retain his Massachusetts residence. At the end of the six-month period, the worker must notify the recipient that he must submit evidence of his intention to retain his residence in Massachusetts. The following circumstances, among others, will justify the absence beyond a six-month period.

(a) Where an emergency arises from accident or sudden illness.

(b) Where the health of the individual would be endangered if the care and services are postponed until he returns to Massachusetts or

(c) Where his health would be endangered if he undertook travel to return to Massachusetts.

4. Personal Property

a. Definition

Personal property is defined as the ownership of cash on hand, bank deposits, stocks, bonds, postal savings or other similar assets readily convertible into cash.

b. Individual Ownership

An applicant is allowed personal property not in excess of ~~$500~~ $1000. (SL 251)

Trans. by S.L. 232

c. Joint Ownership Between Husband and Wife

In the case of joint ownership of husband and wife, an exemption of $2000 is allowed when either or both are applicants. It is permissible for a married applicant to convert his or her personal property into joint ownership with the spouse.

d. Personal Property of Wife

Personal property of a wife, owned separately and apart from her husband, does not affect the eligibility of the husband.

e. Transfer of Personal Property

An applicant is not eligible who, at any time within five years immediately prior to the filing of an application for such assistance, has made an assignment or transfer of property so as to render himself eligible for such assistance.

f. Ownership of Automobile

The ownership of an automobile does not affect eligibility. However, one should be retained only when it is considered essential for transportation to employment, medical, rehabilitative and training facilities or when a specific need or condition is determined to exist on a casework basis.

g. Increase in Personal Property

An increase in the personal property of a recipient to more than the exemption, due to the accumulation of interest, does not affect continuing eligibility.

(1) Receipt of Lump Sum Payments

Receipt of a lump sum by a recipient does not affect continuing eligibility unless it brings the total amount of personal property owned by the recipient to a figure in excess of that allowed for the particular category. A resource which is considered a lump sum payment is a non-recurring sum or "windfall" and not a resource that represents accumulated current income received in a single sum. Such a lump sum might come from an inheritance, legacy or sale of real estate. When assistance is to be suspended, because personal property is in excess of that allowed, the recipient must be informed of current ineligibility and must also be advised that he can contact the WSO when the total amount of personal property is within the exemption allowed for the particular category so that eligibility factors can be redetermined.

(2) OASDI Retroactive Payments

Recipients have a responsibility to report immediately to their Welfare Service Office or a staff member the amount and date of any OASDI retroactive payment which they receive. In accordance with Federal requirements, OASDI retroactive payments representing accumulated monthly amounts are current income and therefore cannot be considered "lump sum" payments or retained as personal property.

All such OASDI retroactive payments must be regarded as income to the recipient in the month actually received. If the amount of such payment exceeds the recipient's full budget for the month received, he will be

suspended for that month. Such suspension will continue until the recipient no longer retains the payment in cash or bank accounts in excess of his monthly budget. As soon as the payment retained as cash or bank accounts falls below the recipient's full monthly budget, he will be reinstated to the appropriate level, regarding any such retained payment as income in the month of reinstatement.

As soon as a Welfare Service Office or staff member learns that a recipient is about to receive or has received an OASDI retroactive payment, it will advise the recipient that he has a right to retain such payment on the basis described above. Any recipient who voluntarily asks to give his retroactive payment to the Department will be allowed to do so. In such a case, the recipient will not be suspended for any time.

(3) Use of Funds from Real Estate to Purchase Home

Sometimes the recipients are deprived of their homes through forces beyond their control, i.e., fire, eminent domain proceedings etc. Therefore funds received by the recipient under these circumstances may be retained to purchase or build a new home. The same is true if a recipient wishes to dispose of property in order to obtain a home more suited to his present circumstances. The recipient may retain the money and continue to be eligible for assistance only where he actually plans to purchase or build another home. If the new house is not acquired within a six month period from the date the money is received, the recipient shall no longer be eligible for continued assistance. Exceptions may be made by the Department to allow a reasonable extension for acquisition of the new home due to extenuating circumstances. The policy regarding receipt of lump sum payments applies when a recipient disposes of his property in order to take advantage of a good business offer, and has no definite plan at the time to obtain a new home.

5. Life Insurance

A recipient can own life insurance with no restriction on its face value. In instances where the cash surrender value of insurance other than group insurance exceeds $1000, eligibility may be established through adjustment to bring the cash surrender value within $1000 if possible or an assignment to the Department if such policies are assignable. When the applicant carries group insurance on which the weekly premium exceeds 50¢ and the policy cannot be adjusted to 50¢ weekly, eligibility may be established through an agreement in writing whereby the beneficiary is responsible for the applicants' expenses of burial.

a. Adjustment, Assignment and Release of Assignment of Insurance

In situations where there is to be adjustment, assignment or release of assignment of insurance, the procedures outlined in Chapter II, Section C of this Manual must be followed.

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b. Eligibility During Assignment or Adjustment Process

Persons otherwise eligible, who have agreed to an adjustment or assignment of the policies, shall receive assistance during the period required to effect assignment or adjustment.

6. Real Estate

An applicant may own real estate which he occupies as a home. Vacant land from which no income is derived may be owned by the applicant as well as property occupied as a home. Property occupied as a home can be either a single or multi-type dwelling, or may contain quarters rented for business enterprises. Ownership of a second piece of property, i.e., a summer cottage, is permitted when it serves the applicant as his home for part of the year. Ownership of property from which the applicant is absent because of mental or physical incapacity does not affect eligibility. In cases of partial ownership, an exception may be allowed when it is conclusively established that it is not to the best interests of the applicant to require his occupancy of the property.

a. Ownership of More than One Habitable House

Ownership is permitted when the houses are so closely connected (i.e., no independent entrance from street, no separate plumbing system) that one house could not be sold without the other.

b. Right of Married Couple to Effect Joint Ownership

When an applicant is married and owns property in his or her own right, it shall be permissible at time of application to effect a transfer of the property to joint ownership or ownership in the form of tenancy by the entirety with the spouse.

c. Transfer of Real Estate

An applicant is not eligible who, at any time within five years immediately prior to the filing of an application for such assistance, has made an assignment or transfer of property so as to render himself eligible for such assistance.

7. Need

Need is determined in accordance with the methods described in the STANDARDS OF ASSISTANCE - Chapter IV of this Manual.

Reference: Chapter 118D; Department Rules.

The following are the eligibility requirements for DA:

1. Age

Applicant must be eighteen years of age but under sixty-five years of age.

2. Residence

Applicants must reside in the Commonwealth but there is no durational residence requirement (see Definition of Residence in Section A of this Chapter).

a. An applicant is not eligible who is a patient in a public or private institution for tuberculosis or mental disease.

b. An applicant is not eligible who is an inmate of a public institution unless such applicant is a patient in a public medical institution approved by the Department of Public Health.

3. Temporary Residence outside the Commonwealth

Recipients of DA may be absent on visit from the Commonwealth without having their assistance suspended.

4. Personal Property

a. Definition

Personal property is defined as ownership of cash or securities or other personal property readily convertible into cash, or of a deposit in a savings bank or similar institution, and the cash surrender value of life insurance.

b. Individual Ownership (SL251)

An applicant is allowed an aggregate of ~~$500~~ 1000 in personal property.

c. Personal Property of Husband

When the wife is an applicant for DA, she is not eligible if her husband has personal property in excess of ~~$1000~~ 2000 or if their combined personal property is in excess of ~~$1000~~ 3000.

d. Personal Property of Wife

When the husband is an applicant for DA, the personal property of his wife owned separately and apart from her husband does not affect the eligibility of the husband.

e. Applicant with Spouse in Receipt of OAA

In the case of a joint account between husband and wife, one of whom is in receipt of OAA, the other in receipt of DA, aggregate personal property of $2000 shall be allowed.

f. Applicant with Spouse in Receipt of AFDC

An applicant for DA is eligible if the joint savings of himself and other members of the household who are in receipt of AFDC do not exceed $2000.

g. Transfer of Personal Property

An applicant is not eligible who, at any time within five years immediately prior to the filing of an application for such assistance, has made an assignment or transfer of property so as to render himself eligible to such assistance.

h. Ownership of Automobile

The ownership of an automobile does not affect eligibility. However, one should be retained only when it is considered essential for transportation to employment, medical, rehabilitative and training facilities or when a specific need or condition is determined to exist on a casework basis.

i. Increase in Personal Property

The procedures outlined in Section A of this Chapter are to be followed.

5. Life Insurance

There is no restriction as to the amount of face value of life insurance an applicant or recipient may have. However, if the total cash surrender value of all policies exceeds $1000, an assignment is required if the policies are assignable or there may be an adjustment of the policies so that the total cash surrender value does not exceed $1000.

When a person other than the applicant has paid the premium for five or more years prior to the date of application, no assignment is required until the total cash surrender value exceeds $1200.

a. Adjustment and Assignment of Life Insurance

The procedures outlined in Chapter II, Section C of this Manual are to be followed relative to the adjustment, assignment and release of assignment of life insurance.

6. Real Estate

The type and number of pieces of property owned do not render ineligible an applicant for DA. However, if the applicant owns property other than that occupied as a home, continued eligibility depends upon his making reasonable efforts to dispose of the property within six months at fair market value in order to convert it into assets which can be applied towards meeting present needs.

Transfer of Real Estate

No assistance shall be granted to an applicant who, at any time within five years immediately prior to the filing of an application for such assistance, has made an assignment or transfer of property so as to render himself eligible for such assistance.

7. Need

Need is determined in accordance with the methods described in the STANDARDS OF ASSISTANCE - Chapter IV of this Manual.

8. Medical Eligibility

a. Purpose and Objectives

The primary purpose of the DA program is to offer the needy citizens of the Commonwealth, within limits of the program, an opportunity for financial assistance and through the MA program, medical evaluation, treatment, and ancillary services as required to further the person's recovery from disability and to promote earliest potential for economic usefulness. The program is not limited to persons whose physical impairments are so severe as to result in complete and permanent helplessness. The partial physical or mental restoration of a person to self-care, and his usefulness to others is considered a worthwhile goal.

The Department recognizes that with proper training, some persons can be returned to a condition of self-support, and that on the basis of individual study of each client, this program will offer a chance to every person who can benefit from such rehabilitation opportunity.

b. Definitions

To be eligible for DA a person must have a permanent physical or mental impairment, disease or loss that substantially precludes him from engaging in a useful occupation within his competence, such as holding a job or homemaking.

(1) Permanent

The term "permanent" refers to a physical, mental, or emotional impairment which can be substantiated by medical findings. The impairment must be of major importance not likely to improve, or which will continue throughout the lifetime of the person, or to respond to any known treatment and is likely to remain static or become worse unless certain therapeutic measures are provided except when treatment is inadvisable, unavailable, or the person refuses treatment and his decision is reasonable.

(A refusal of treatment is considered reasonable when the treatment recommended to prevent the progress of the condition is genuinely feared as to the outcome of the treatment, or when the person has religious scruples.)

(2) Totally

The term "totally" refers to the ability of the person to carry out those activities necessary to performing specific employment responsibilities or homemaking. Totally involves consideration of age, training, skills, work experience, and the functioning of the person in light of his impairment. It takes into consideration the activities required of a person in his job, at home, his living and working conditions, interests, native capacities, and the extent to which he has adjusted to the loss he has sustained. The concept also includes an assessment of the person's attitudes, reactions, personality traits and motivations. No time factor is involved in the concept of being totally disabled.

c. State Medical Review Team (SMRT)

The decision as to "total and permanent" disability rests only with the State Medical Review Team consisting of qualified physicians, medical social workers, vocational rehabilitation and allied related personnel. The State Medical Review Team will also make recommendations on individual cases in order to achieve the objectives of the program, i.e., the earliest and most complete rehabilitation possible of the client.

(1) Physician's Responsibility on the State Medical Review Team

It is the physician's responsibility to determine the presence of a physical or mental impairment; to note that it is a permanent impairment which is expected to continue throughout the patient's life, or indefinitely. The physician will consider also whether the impairment will respond to treatment, the potential for improvement if any, and the risks that a person can reasonably be expected to accept during treatment. The severity

of the person's condition and reduction in his capacity for physical or mental activity will be related to the physical findings in the medical report. The person's remaining capacities will also be evaluated in light of what activities he can and cannot do. If the person's condition is terminal, rapidly progressive, or likely to remain stationary, the physician will provide appropriate weight to these factors in assessing the case with other Team members. Due consideration will be given when a person has a combination of impairments, any one of which is identified as a condition unlikely to improve or change.

(2) The Medical Social Worker's Responsibility on the State Medical Review Team

The medical social worker will review social reports to assess the degree of education, job or vocational training, types of jobs the person has held, the duration of such employment, the regularity and predictability with which the person has worked, his hobbies and interests and his age in relation to competence, learning or adapting.

The medical social worker will also consider the person's family and living situation, and homemaking activities, if applicable. Physical factors, such as the person's community, travel to work, availability of transportation, types of useful occupations or available industry are factors which will be evaluated. Also of importance are personal factors, such as the person's reaction to illness, the effect of the impairment upon him from the social treatment viewpoint, his social capacities, his motivation and attitudes toward himself and others before and after the occurrence of his illness.

(3) Physician and Medical Social Worker's Joint Responsibility

The physician and the medical social worker are jointly responsible for the final decision on the person's medical eligibility. The SMRT members will consider whether the person has a permanent impairment and whether his remaining physical and/or mental capacities are affected. They will weigh the person's competency, and whether he is now engaging in a useful occupation. Together they will evaluate factors in the social situation which may influence the person's capacity to engage in a useful occupation (including homemaking), which exists in the community. The person's permanent impairment will be related to his ~~usual occupation.~~ * If the person is so precluded by the permanent impairment he may be considered permanently and totally disabled.

* ability to engage in a useful occupation. (SL 230)

Trans. by S.L. 228

(4) The Vocational Counselor's Responsibility on the State Medical Review Team

The representative of the Massachusetts Rehabilitation Commission (MRC) will evaluate the potential for vocational rehabilitation. He will assess findings of medical reports and social summaries and consider the client's capacities in relation to employment. The client's aptitudes and skills, his employment record, adaptability, and capacity for vocational training or retraining for job opportunities will be evaluated. The referral from the SMRT to the local rehabilitation counselor should not be held as a final acceptance of the client by the MRC. The final decision will be made by the local counselor only after interviewing the client.

d. Social Data

The determination of totality is based upon social information which lies within the responsibility of the local social worker who sends the report to the SMRT. The more adequate the social information the better able is the SMRT to determine whether the person is precluded from substantial activity because of his impairment, and therefore totally disabled. For this reason the importance of adequate factual information is stressed, and the social worker knowing a good deal about the client must get the facts based upon this knowledge and forward it to the SMRT.

The SMRT does not see the person. In order to carry out its function, the SMRT must depend upon the local social worker to prepare a report of social factors about the person. The SMRT decision will depend substantially on the quality of the information given to its members. Among the items they must know about the person are his age, sex, race, marital status, past employment, usual activities, education, training, living situation, interests and hobbies, attitudes, motivation, personal traits, and rehabilitation potential.

The SMRT decision for total disability cannot be made without considering the social information together with medical findings. Injustices and incorrect decisions can result from failure to describe these items.

(1) Importance of Work Record

A person's employment history should identify not only the specific industry he has worked in but also the job content. It should include a description of the kind of activities required — standing, sitting, dexterity; also his regularity of attendance, reliability, length of time on the job, and dates of last employment. Such information will help SMRT members to relate medical findings to the types of activity the individual is competent to perform.

(2) Useful Occupation

The term "useful occupation" refers to those productive activities which add to the economic wealth, or produce goods or services to which the public attaches a money value. Certain activities in which invalids and other seriously incapacitated individuals sometimes engage in are not useful occupations for the purpose of this program. Usually these activities include hobbies, activities which do not provide a bona fide job opportunity, i.e, if the individual stopped doing it no one would be hired to replace him.

Under the above interpretation, individuals may engage in activity which is part of a training program in their own homes, in schools, sheltered workshops, factories or other places offering opportunity for such training. The determining factor is not location but the presence or absence of supervision and of a training objective, as well as the economic value of what is produced. Thus some persons working in a sheltered workshop may be found to be engaging in a "useful occupation," but others will not be so engaged since their activities are part of a rehabilitation plan and are not currently of economic significance.

Remuneration which may be received through useful activity of less than full time or of unpredictable stability need not necessarily contravene a finding of total and permanent disability. Such earnings must be considered in determination of the eligibility factor of need, along with total income from all other sources. Some persons, because of extremely strong drive or motivation may push themselves beyond advisable physical limits. Social workers should be alert to such situations and clarify with the treating physician whether the client's activities may exceed his actual physical limitations.

(3) The Importance of Environment

The SMRT frequently needs facts about housing so that it can evaluate the effect of the environment on the medical condition of the client. Social workers should specify whether the dwelling is a rooming house, apartment or house, the number of rooms occupied by the person in company with how many other people. The number or flight of steps between living quarters and street, as well as the distance to the nearest transportation and grocery store should be noted. The number of meals eaten out, the number prepared at home should be indicated. If the terrain is steep or of unusual grade this should be noted. The social worker should note whether hot and cold running water are available within the living quarters, if it is elsewhere, its location and distance--number of steps that must be walked. If there is no running water, mention whether water

is secured from a hand pump, bucket, well, etc., and its approximate distance from the house. Toilet facilities should be described similarly. The method of heating the home should likewise be specified as central heating, or coal, gas, wood, kerosene stove, etc.

(4) Housing

The amount of disability a person can cope with may depend on the facilities, or lack of them in his home, and on the amount of stress they remove or place upon him. The social worker's accurate description of the environment permits the SMRT to understand and visualize the stresses in the person's situation as they relate to his impairment. A problem presents itself if there is a woman with a severe heart condition living on the third floor walk-up when running water and toilet facilities are available only on the first floor and that she must go up and down stairs several times a day to care for her personal needs. If a facility has hot and cold running water on the same floor, central heat, gas or electricity for cooking and a grocery store at the nearest corner, the same person possibly can accomplish the necessities of daily living.

There are additional reasons for recording details of an individual's or family's living conditions. Such information may assist the social worker in case work planning when the goal is to help people improve their living conditions.

(5) The Homemaker

A homemaker in this definition is always a person who makes a home for at least one other person. It is never a person living alone. The homemaker is evaluated for her physical and mental ability to engage in a useful occupation in the community, and she must also meet the test of being able to carry on homemaking activities. Bending, stooping, lifting, reaching and carrying are necessary body movements accompanying cooking, washing, hanging up clothes, ironing, cleaning, making beds, and caring for children. Shopping for food and supplies, planning and preparing meals are also important activities in homemaking. The amount of dysfunction of an organ member may dictate how much of the housekeeping work the person can do, but the disability can be estimated only in relation to the facilities the individual has to do the work. The size of home, the facilities available to care for it as well as the equipment to be maintained are important items to describe.

If the person's performance standards do not meet the usual quality standards of such activities, or the demands for providing essential services are not met within the period of time usually taken by such activity, the social worker should describe the situation clearly. In order to help the SMRT, the social worker should specify what responsibilities and duties the homemaker can assume:

(a) unaided

(b) with the help of others

(c) cannot do at all

(d) whether there are some activities that are left undone

When the homemaker has a psychiatric impairment of any kind including mental retardation, the worker should describe similar factors and also give information as to what extent the person needs supervision and who, if anyone, provides it.

(6) Describing the Person

The social worker's report should include a description of the person's appearance using such words and phrases as slender, stocky, emaciated, alert, unkempt, apprehensive, down-and-out, etc. Details of dress are frequently of great significance in relation to other factors and should therefore be recorded. When the person has a mental impairment, this non-medical observation may be indicative or symptomatic of his disorder. Careful observation will differentiate between shabbiness due to lack of money for replacement of worn articles and lack of interest in clothing and personal appearance which may not be related to impoverishment but to a dejection of spirit.

The social worker should use descriptive words that convey the picture of the person as he sees him, as he describes himself, and as he is depicted by others. The person who is compensating for his feelings of inadequacy may show stubborn, irascible, irritating, peevish or faultfinding behavior. He may be very fearful and apprehensive. He may present the appearance of distress through his stooped or immobile stance; his capacity for self-care may be affected. Accurate description can result from good observation of details of posture, mannerisms and behavior. The patient's own words sometimes may convey more description than the social worker's interpretation. The effective coordination of the social worker's observations with acquisition of the necessary factual material will give the SMRT a clear word-picture of the individual, and the degree of his disability.

In addition, when the SMRT has not only an accurate description of the individual's impairment but also a carefully worked out social information report, the SMRT may be able to reach a conclusion about the person's rehabilitation potential.

e. Medical Data

Pertinent medical records should be submitted to the SMRT whenever available. The worker is responsible for obtaining and submitting current medical reports from the patient's personal physician, hospital summaries or abstracts, psychological or psychometric evaluations, medical or clinic records from other agencies such as Massachusetts Rehabilitation Commission, Veterans Administration, Bureau of Old Age Survivor's Insurance, etc. Access to such data will prevent needless duplication of tests and procedures and overlapping of services already performed.

A regulation of the Social Security Act provides for the disclosure of official records to certain persons and agencies under specific conditions. Medical information, including medical reports used to establish eligibility as a disabled person under the disability insurance provisions, may be made available to any officer or employee of a state government lawfully charged with the administration of Disability Assistance. Requests for such information must be submitted directly to the Director of the Bureau of Disability Insurance, Social Security Administration, Box 1075, Baltimore, Maryland, and must be accompanied by 1) the applicant's or recipient's Social Security account number, 2) a release from the applicant or recipient, and 3) a release from the examining physician who performed the examination at the request of the Disability Adjudication Unit of the Massachusetts Rehabilitation Commission, which will provide the name of the physician when not known by the applicant or recipient.

f. Decision and Report by the State Medical Review Team

The physician reviewer makes the determination that the disability is permanent on the basis of documents prepared by medical authorities. The SMRT cooperatively makes the decision on the totality of the disability through analysis of the social information as it relates to the medical and/or psychiatric findings and the type of activity the individual is competent to perform.

(1) Deferred Decisions

If additional medical or social information is needed the SMRT will request it before a decision is made. The SMRT will indicate a time limit for the additional information. The worker must obtain the requested information or data within the specified time. The worker shall inform the client in writing of his deferred status and obtain his cooperation to establish his eligibility. Inability to obtain the desired information should be reported to the SMRT for their advice.

The decision, and recommendations for further evaluation or services will be transmitted on the Disability Assistance Report (SS-33).

g. Use of Medical Report (SS-32) and Disability Assistance Report (SS-33)

For purposes of assembling the medical and social information necessary to establish the factor of medical eligibility, the Department has devised Forms SS-32 and SS-33. In presumptive eligibility cases, the forms must have been completed and approved by SMRT before final authorization occurs.

h. Data for Review of Continuing Eligibility

Since permanent and total disability does not preclude improvement or recovery, it will be necessary in many cases to have a reexamination by a physician as the basis of redetermining this eligibility factor. The SMRT in all instances will make the decision on the frequency of reexamination for substantiating continuing eligibility. In some cases, the SMRT may decide that reexamination will not be required for this purpose - where recovery is obviously impossible, or where the condition will remain static without significant change for substantial periods of time or for the life of the individual, or where conditions are known to be progressive or become continuously worse. In such instances the SMRT may request that a social data report only be submitted accompanied by existing medical data.

In all cases the worker is responsible for the periodic review of the disability factor during regular contacts with the client in order to assure that no change has taken place since the case was last reviewed by the SMRT. It is entirely possible, due to factors beyond their control, that the SMRT's decision should be currently reviewed. The client's condition perhaps has ameliorated, an unexpected change has occurred, or a new medication has been successful in improving the client's condition and possible economic usefulness. In such instances the worker will forward the new social data to the SMRT, accompanied by all previous medical and social data. The SMRT will then indicate the advisability of a reexamination at this particular time, or give its recommendations for other action.

No case may be closed on the disability factor except by decision of the SMRT. In instances where the due date for review of continuing eligibility cannot be met, the worker shall submit previously reviewed medical and social data together with a report of the circumstances to the SMRT for its recommendation.

i. Period of Adjustment

When the condition of the client has improved but the effects of the disability are expected to continue for a limited period of time, or when the client is acquiring new skills, eligibility for assistance may be extended during such period. In each instance a reasonable period of time will be granted by the SMRT to permit the client's adjustment or work tolerance during trial periods of employment, and to continue payment for medication and other items of medical care. Extensions in all such cases are limited to six (6) months.

j. Decisions on Re-opened Cases

All decisions on reapplications for assistance because of disability must be made by the SMRT. Whenever a case has been closed because the permanent and total disability has ceased to exist and the person has reapplied, new medical and social data must be forwarded to the SMRT for reevaluation of the disability factor. If the person has engaged in a useful occupation to a substantial extent or in the interim has had a significant change in treatment, such as major surgery, a stay in rehabilitation center or a period of diagnostic hospitalization, the social worker must forward current medical and social data for re-evaluation.

Cases closed less than twelve (12) months for reasons not associated with the disability factor may be reopened without SMRT review if the date of reapplication precedes the date of review last requested. These cases will be reviewed on the date previously set for review. If reapplication occurs subsequent to the date set for reexamination the information requested in the last review will be submitted to the SMRT for evaluation with current medical and social data.

k. Responsibility for Expense of Examinations and Transportation

Expenses incurred for medical examination and necessary transportation shall be paid in accordance with Chapter VII of the P.A. Policy Manual. Such expenses on rejected applications may be claimed as administrative charges under the DA program. Explanation of this policy shall be made to all applicants.

l. Channeling of Medical Report (SS-32) and Disability Assistance Report (SS-33)

Only one copy of each form need be completed. After Form SS-32 has been received from the physician, Form SS-33 should be attached and forwarded to the Medical Division of the Department together with all previous SS-32 and SS-33 forms and related medical reports.

m. Rehabilitation

One of the opportunities offered by the DA and MA programs is that of restoring persons with residual impairments to a degree of independence previously unobtainable. Persons who may be helped through rehabilitation to become capable of self-care should be offered this opportunity. Some persons who are now considered complete invalids can be helped not only to achieve some measure of self-care but to become capable of engaging in partial or full-time employment.

These programs carry an obligation, therefore, to do more for the eligible person than to provide him with assistance payments or casual medical services.

Rehabilitation is the development or the restoring of the handicapped person to the greatest physical, mental, social, vocational and economic usefulness of which he is capable. The rehabilitation process properly extends from the onset of injury or crippling disease to the attainment of maximum adjustment to, and use of whatever abilities remain. Successful rehabilitation of those who are severely disabled or suffering from complex disabling conditions requires a closely integrated combination of many medical and related specialties. There are four main types of settings in which service is given (1) outpatient comprehensive rehabilitation facility which is equipped to deal with a large variety of disabilities; (2) specialized out-patient facility dealing primarily with one kind of disability, such as the blind, the hard of hearing, etc.; (3) inpatient comprehensive facility; (4) coordinated home care programs which provide two or more of the major rehabilitation services to the homebound patient.

Comprehensive Rehabilitation Centers are operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical, psychological, social and vocational evaluation and services. This type of program is known as a "team approach" to rehabilitation wherein the physician is assisted by all necessary medical specialties, the nurse, occupational therapist, physical therapist, psychologist, social worker, speech and hearing therapist, vocational counselor, and any other related professional persons. Medical and ancillary services are prescribed by and are under the general direction of the medical director of the Center who must be a licensed physician in the State. Medical supervision and guidance is continuous through the patient's treatment program to assure the achievement of rehabilitation goals established with and for the patient. At the completion of treatment the Center's Medical Director is responsible for recommendations for follow-up care to assure maintenance of goals achieved and the possibility of additional attainment.

n. Vocational Rehabilitation

On the basis of its analysis of the person's capacities the SMRT may refer the client to the nearest office of the MRC for evaluation and assessment of the client's potential for vocational rehabilitation. The social worker who works with the client and his family has a continuing responsibility to cooperate with other professional health and rehabilitation personnel to achieve the best possible plan for the client.

The SMRT will send copies of appropriate medical and social data to the district office of MRC when a person is believed to have vocational potential. The worker should contact the MRC vocational counselor to offer information and other records and to coordinate planning with the client and his family. The worker should discuss the meaning and significance of the referral with the client and his family well in advance of the MRC interview so as to allay the fears and questions a client may have. Eligibility of the client for services of MRC will be determined by the MRC vocational counselor only after a personal interview with the client.

The MRC vocational counselor will notify the worker of acceptance or rejection of the case within 60 days after receipt of referral. On cases eligible for service, the MRC vocational counselor will send semi-annual or more frequent activity reports to the worker.

Referrals to the MRC are not limited to the SMRT. A client on DA may refer himself to the MRC.

o. Financial Responsibility for Vocational Rehabilitation

The costs of medical treatment of potential candidates or an eligible candidate for MRC shall be borne by the Department when treatment so recommended is intended to increase the patient's function and well-being. Maintenance and medical transportation shall be considered the responsibility of the Department.

The costs of rehabilitation services in general shall be borne by the MRC subject to its policies. These include vocational counseling and guidance, medical and specialty examinations for use by the MRC to establish eligibility, assistance in securing job placement, training in public or private trade schools or colleges, on-the-job training, correspondence courses, tutoring, books, training supplies and transportation relevant to training.

Reference: Chapter 118; Department Rules and Regulations

Definitions

Dependent Child

A needy child who has been deprived of parental support or care by reason of the death, continued absence from the home, physical or mental incapacity or the unemployment of a parent, and who is living with his father, mother or other parent in a place of residence maintained by one or more of such relatives as his or their own home and who is under the age of eighteen (18) or under the age of twenty-one (21) and a student regularly attending a school, college or university or regularly attending a course of vocational or technical training designed to fit him for gainful employment.

Parent or Grantee-Relative

"Parent" shall include, in addition to the father and mother of the dependent child, the following: - stepfather, stepmother, stepbrother, stepsister; and any blood relative, including those of the half blood, except cousins who are more distantly related than first cousins, adoptive relative of equal propinquity to the foregoing; and spouses of any such persons.

A pregnant woman may receive AFDC for herself, if otherwise eligible.

The following are the eligibility requirements for AFDC:

1. Deprivation of Parental Support

   A child must be deprived of parental support due to the death, physical or mental incapacity or continued absence from the home of either parent or of unemployment of the father. Continued absence from the home includes commitment to a penal institution, desertion, divorce, annulment, separation, service in the armed forces or illegitimacy.

2. Age

   The child must be under eighteen years of age, or under twenty-one if regularly attending a school, college or university or regularly attending a course of vocational or technical training.

3. Residence

   a. Residence Requirement

      The dependent child must reside in the Commonwealth. (See Definition of Residence in Section A of this Chapter)

   b. Place of Residence

      The child must be living in the home of the parent (grantee-relative).

In the case of unemployment, the child must be living in the home of the unemployed natural or adoptive parent.

c. Temporary Residence outside the Commonwealth

Recipients of AFDC may be absent on visit from the Commonwealth without having their assistance suspended.

4. Personal Property

a. Definition

Personal property is defined as ownership of cash, securities, or similar assets which may be readily converted into cash.

b. Extent of Ownership

(1) The dependent child, together with his father and his mother are allowed combined personal property not in excess of $1000.

(2) Personal property owned by the grantee-relative who is not the father or mother does not affect the eligibility of the child. However, if the grantee-relative is to be included in the assistance payment, his personal property together with that of the dependent child must not exceed $1000.

(3) The ownership of an automobile does not affect eligibility. However, one should be retained only when it is considered essential for transportation to employment, medical, rehabilitative and training facilities or when a specific need or condition is determined to exist on a casework basis.

c. Increase in Personal Property

An increase in personal property of a family to more than the exemption due to the accumulation of earned income and interest does not affect continuing eligibility provided there is an identifiable plan for the future educational or vocational training of a dependent child. In the event of receipt of a lump sum payment, the procedures outlined in Section A of this Chapter shall apply subject to the limitations on recovery contained in Section 11, Chapter 118.

5. Life Insurance

The ownership of life insurance by any member of the family included in the assistance payment does not affect eligibility unless:

a. The cash surrender value of the insurance of an individual family member exceeds $500.

b. The total amount of cash surrender value of all insurance owned by the family members exceeds $1000.

When the cash surrender value of insurance exceeds these amounts, eligibility is established when there is an agreement to adjust within these amounts, or when an adjustment is inadvisable based on sound social judgement. When an adjustment is necessary the procedures outlined in Chapter II, Section C of this Manual are to be followed.

Ownership of insurance by a grantee-relative not included in the assistance payment does not affect the eligibility of the child.

6. Real Estate

a. General Requirement

The ownership of real property occupied as a home by the dependent child, his father or mother, does not affect eligibility. If the child or parent who reside together own real property other than that occupied as a home, continued eligibility shall be conditioned on their reasonable efforts to sell such property.

b. Ownership by Parent Who is not Grantee-Relative

Sometimes a child lives with other relatives even though his natural or adoptive parents are living. When such natural or adoptive parents own real property on which the child does not live, the child's eligibility is not affected.

c. Ownership by Grantee-Relative

When a child lives with a grantee-relative (not the natural or adoptive parent) who owns one or more pieces of real property, the child's eligibility is not affected.

If the grantee-relative is to be included in the assistance payment, his ownership of real estate must be considered in the same manner as that of a natural or adoptive parent.

7. Need

Need as an eligibility factor is established in accordance with the methods described in Chapter IV of this Manual by determining the allowance for the family in Table I, by including any approved non-basic needs and also one-third of the quarterly payment (col. 2) in Table II. The disregard of certain income shall not apply in the initial determination of eligibility (see Chapter IV, Section B, item 12 b.).

When eligibility is established the regular assistance grant and the separate quarterly payment are to be determined as provided in Chapter IV, Sections A (Part 1) and B of this Manual.

8. School Attendance of Dependent Children

a. An otherwise eligible child who is under the age of 18 years may not be denied AFDC, regardless of whether or not he attends school. If, however, a child aged 16 or 17 is not attending school, he or she is to be registered for WIN if not exempt from such registration. If such child refuses without good cause to register for WIN, he or she does not qualify as a dependent child and is, accordingly, not eligible for AFDC.

B. Children ages 18 to 21 years of age continue to be eligible for AFDC if they are attending a school, college or university, or a course of vocational or technical training designed to fit them for gainful employment. The child continues to meet the definition of a dependent as long as:

(1) He is enrolled in and physically attending a full-time (as certified by the school or institute attended) program of study or training leading to a certificate, diploma or degree, or
(2) He is enrolled in and physically attending at least half-time (as certified by the school or institute attended) a program of study or training leading to a certificate, diploma or degree and is registered for WIN and is either regularly employed in part-time employment or available for or actively seeking part-time employment, if not otherwise exempted from these requirements, or
(3) He is enrolled in and physically attending at least half-time (as certified by the school or institute attended) a program of study or training leading to a certificate, diploma or degree and is precluded from full-time attendance or part-time employment because of a verified handicap.

Full-time and half-time are defined as follows:

(a) In a trade or technical school, in a program involving shop practice, full-time is 30 clock hours per week and half-time is 15 clock hours; in a program without shop practice, full-time is 25 clock hours and half-time is 12 clock hours.
(b) In a college or university, full-time is 12 semester or quarter hours and half-time is 8 semester or quarter hours in a semester or quarter.
(c) In a secondary school, full-time is 25 clock hours per week or 4 Carnegie units per year and half-time is 12 clock hours or 2 Carnegie units.
(d) In a secondary education program or cooperative training program or in an apprenticeship program, full-time attendance is 30 clock hours per week.

c. A "dependent child" shall be considered in regular attendance in months in which he is not attending because of official school or training program vacation, illness, convalescence or family emergency and for the month in which he completes or discontinues his school or training program.

d. Dependent children ages 18 to 21, not in school, employed or not employed, and not actively participating in WIN, even if registered, are not eligible for AFDC.

9. Special Factors in AFDC

a. Physical or Mental Incapacity

Full or partial physical or mental incapacity of either the father or mother at home or in an institution must be established. Physical or mental incapacity is any physical or mental defect, illness or disability which interferes with the full functioning of a parent and which is known to deprive children of support or care. The physical or mental inability of the incapacitated parent to perform a substantial and material part of his or her gainful work or occupation or an occupation for which such parent may fit himself or herself within a reasonable time may be considered an incapacity. The inability to provide must be directly related to the physical or mental incapacity and not to unemployment resulting from other causes.

When it has been determined that the incapacity no longer exists, care must be taken not to close the case until the full time necessary for rehabilitation and reestablishment of the family has been allowed.

Note: Date of eligibility for AFDC will be the thirty-first day of unemployment or underemployment.

(2) Is not receiving unemployment compensation (U.C.) benefits. Only the actual payment of U.C. to the father for any week is the disqualifying factor for AFDC-UF, rather than the mere eligibility for U.C.

The unemployed father, if otherwise eligible, has the option of receiving aid under AFDC-UF or benefits under the unemployment compensation program.

(3) Has not refused without good cause a bona fide offer of suitable employment or training for employment within thirty (30) days prior to eligibility for AFDC-UF.

When a bona fide job offer is made directly by an employer, the determination of good cause must be made by the social worker. In making this determination the worker will give consideration to such factors as the ability and physical capacity of the individual to do the job; transportation problems to and from the job; applicable minimum wages; risks to health, safety or lack of Workmen's Compensation protection or other factors that would make refusing a job reasonable. The determination as to whether an offer was bona fide or whether there was good cause to refuse an offer made through DES will be made by that agency.

(4) Is currently registered with the Division of Employment Security (DES) and with the Work Incentive Program (WIN).

(a) Initial Registration

DES registration is verified by the applicant's DES Identification Card (DES Form 2988) stamped by DES with a date not more than thirty (30) days earlier than the date of application for AFDC.

WIN registration is established by completion of the WIN-1 Form including the signature of the registrant.

(b) Current Registration

Registration for both DES and WIN services shall be "current" in ongoing AFDC-UF cases provided that the unemployed father has not been WIN Deregistered.

(5) Has six (6) or more quarters of work. A "quarter of work" means a period of three (3) consecutive calendar months ending on March 31, June 30, September 30, or December 31, in which an individual received earned income of not less than $50 or in which he participated in a work training or work incentive program.

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The unemployed father must fall into one of the following categories in order to be eligible:

(a) Worked and received six (6) quarters of U.C. coverage out of any 13 quarters ending during the year prior to application for AFDC; or

(b) Participated for six (6) quarters out of any thirteen (13) quarters ending during the year prior to application in a community work and training program under the WIN Program; or

(c) Received U.C. at sometime during the year prior to application for AFDC; or

(d) Was qualified to receive U.C. at some time during the year prior to application for AFDC but did not apply for U.C.; or

(e) Performed work not covered by U.C., which if covered, would have created eligibility for U.C.

Exception: Unemployed fathers applying for AFDC-UF prior to August 1, 1969 will meet the requirements listed in (5) above, if they met such requirements any time after April, 1961.

(6) Cooperative Agreement

Cooperative agreements have been entered into with the Division of Vocational Education of the State Department of Education which shall be utilized to the maximum extent possible in the vocational training of unemployed AFDC fathers who are capable of being trained or retrained.

d. Registration with the Work Incentive Program (WIN)

Registration of new applicants must be completed during intake. The staff involved in the intake process must inform the applicant that eligibility for AFDC is contingent upon the registration of all non-exempt members of the family unit. Non-exempt family members who are not present at the time of application will be obliged to have their registration completed within five (5) working days. Registration consists of the completion of the WIN-1 Form including the signature of the registrant.

Persons who refuse to register for WIN will not be included in the assistance grant but other eligible family members will receive assistance. An unemployed father who has been excluded from the budget on this basis must still maintain his DES registration monthly to continue the eligibility of other family members.

The unemployed father must register for employment services and submit to the WSO proof of registration in the current month on DES Form 2988 no later than the 5th working day of each month. The WSO must maintain a separate tickler file to verify the monthly registration.

Every individual in the AFDC grant, as a condition for initial and continuing eligibility for AFDC, must register for manpower services, training and employment unless such an individual is:

(1) Under sixteen (16) years of age.

(2) Attending school full-time and is age sixteen (16) but not yet twenty-one (21) years of age (proof of age and verification from a school official that the person is attending is required).

(3) Ill, with medical evidence that the illness prevents entry into employment or training. After ninety (90) days of illness, the exemption should be reviewed for possible determination of incapacity.

(4) Incapacitated, when verified that a physical or mental impairment prevents the individual from employment or training, and the impairment is expected to exist for a period of ninety (90) days or more. Individuals who are exempt from registration because of incapacity must be referred to the Massachusetts Rehabilitation Commission (MRC) and possible referral to SSI.

(5) Sixty-five (65) years of age or older with vertification of age.

(6) Too distant from the WIN project location--"too distant" is defined as a situation in which travel time plus the hours of work or training exceed a total of ten (10) hours per day.

(7) A caretaker whose presence in the home is required because of illness or incapacity of another family member.

(8) A mother or other caretaker relative of a child under six (6) years of age with proof of child's age and relationship.

(9) Mother of a family unit where the father is a WIN registrant.

Any individual who claims exemption either for himself or herself or another member of the family for health reasons must submit a medical statement verifying the claim for exemption. This statement must be submitted within thirty (30) days from the date of the first interview in which the WSO worker explains the WIN requirements.

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The evaluation of the individual as a mandatory registrant or exemption therefrom shall be recorded on the WIN-ER-1 Form.

e. Reports on Job Offers

Applicants or recipients who are mandatory registrants to the Work Incentive Program (WIN) must report to the Assistance Payments Unit in the WSO from which (s)he receives or is applying for assistance information with respect to any jobs to which they have been referred. This requirement includes DES referrals and referrals from any other source.

f. Alienage

Aliens who have not been admitted for permanent residence and aliens illegally entered are ineligible for assistance under AFDC.

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THE COMMONWEALTH OF MASSACHUSETTS

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

PUBLIC ASSISTANCE POLICY MANUAL

for the programs of

GENERAL RELIEF

CUBAN REFUGEE

MEDICAL ASSISTANCE

EMERGENCY ASSISTANCE

REPATRIATED CITIZENS

VIETNAMESE AND CAMBODIAN REFUGEE

and information about

SUPPLEMENTAL SECURITY INCOME

Revised April 1977

Alexander E. Sharp, Commissioner

Trans. by S.L. 418

Reference: Chapter 117 of the General Laws of the Commonwealth of Massachusetts.

The following are the eligibility requirements for General Relief (GR) financial assistance. Persons who are eligible for a money payment will also be eligible for medical care under GR medical care standards. However, for recipients or dependents under 21 years of age, a separate Declaration of Need for Medical Assistance (SS-37) must be completed.

I. Age

An applicant or recipient must not have reached his or her sixty-fifth (65) birthday, with the following exception: Persons 65 years of age or over who have applied or will apply for Supplemental Security Income (SSI) and are awaiting SSI payments. Such persons are subject to the procedures outlined in Item XV "Eligibility Requirements and Application Procedures for Federally Aided Programs".

II. Dependent Child

A dependent child(ren) of an applicant or recipient of GR is one under the age of eighteen (18) living in the home of his father and mother.

The term "GR Family with Children" shall include the natural or adoptive father and mother (whether or not they are married to each other) and their dependent children. The income, resources and needs of both parents shall be considered on the same basis as for other GR Families with children in determining eligibility and the amount of the assistance grant.

Paternity is established when the alleged father of a child

(A) is legally married to the mother (or was legally married to her at the time of the conception or birth of the child)

(B) has entered into a common-law marriage with the mother in a state or county in which common-law marriage is valid. Common-law marriage cannot be legally entered into in Massachusetts.

(C) has been found to be the father in adjudication by a court or

(D) has completed a legally binding agreement acknowledging paternity and his obligation to support the child and the agreement has been signed by both the father and the mother. (Form A-35-Acknowledgement of Paternity)

When the father and mother are not married to each other, evidence such as a birth certificate or third party affadavit is not sufficient to establish paternity unless there is a valid common-law marriage, an adjudication by a court or a legally binding agreement acknowledging paternity.

III. Residence

An applicant or recipient and his or her dependents must reside in Massachusetts, but there is no durational residence requirement in the Commonwealth. Confinement of a person in any nursing home, hospital, or other medical institution in the Commonwealth shall not, in and of itself, be sufficient evidence to qualify such person as a resident under this Chapter.

The term "residence" means to occupy an established place of abode with no present intention of definite and early removal, but not necessarily with the intention of remaining permanently.

A. No person is eligible for General Relief who:

(a) moves permanently from the Commonwealth
(b) is a patient in a public or private institution
(c) is a resident of a public medical institution that is not approved by the Department of Public Health.

B. An applicant or recipient who resides in a public non-medical institution (e.g. a municipal infirmary), or who temporarily enters a nursing home, public medical institution, or chronic hospital approved or licensed by the Department of Public Health may be eligible for assistance under this Chapter.

C. A recipient or someone in his behalf must notify the worker before leaving and upon returning to the Commonwealth.

IV. Personal Property

Personal property is defined as the ownership or possession by an applicant or recipient of cash on hand, bank deposits, credit union accounts, securities, motor vehicles, boats, trailers, or similar assets readily convertible into cash.

A. Extent of Ownership

An applicant or recipient is allowed personal property not in excess of $250.00. An applicant or recipient with one or more dependents is allowed combined personal property not in excess of $500.00.

B. Transfer of Personal Property

Assistance shall not be granted to an individual who at any time within one year immediately prior to making an application for General Relief has made an assignment or transfer of personal property so as to render himself eligible for assistance.

C. Verification of Personal Property

Ownership and amount of all items listed on the application must be verified.

V. Ownership of Automobiles

The ownership of one automobile by an applicant or recipient or his or her dependents does not affect eligiblity and will not be included in the determination of personal property provided it is essential for:

IX. Unemployable Persons

Persons not disqualified by item VIII of this Section are subject to all the following requirements as may be applicable. All General Relief applicants, recipients, dependents of applicants or recipients age sixteen (16) and over shall be considered employable unless they meet one or more of the following exemptions:

A. Student

The applicant/recipient or dependent is under 19 years of age and is attending full-time a grade, high school, technical or vocational school or any other school not beyond the secondary level. As soon as a high school diploma or its equivalent is obtained, or the student reaches his/her nineteenth birthday, this exemption will become void.

In cases where there is question whether an applicant/recipient meets a relevant age criterion, age may be verified by use of birth certificate, baptismal certificate, driver's license, or other appropriate official document.

Verification of school attendance must be obtained in writing from a school principal. This statement is to include a verification as to the course of study, the diploma, or certificate to be obtained and the anticipated date of completion.

B. Physical or Mental Incapacity

The applicant/recipient has a mental or physical incapacity which prevents him/her from performing any substantial work because of physical or mental loss of function which is expected to last (or has lasted) a minimum of 30 days. Substantial work is defined as 20 hours or more a week.

Work within the capability of an applicant/recipient is not limited to customary employment. The incapacity which prevents the individual from working may be the result of one or more physical conditions, or a physical incapacity or disease combined with a mental or emotional incapacity, or with drug addiction or alcoholism. The applicant or recipient must furnish the WSO with appropriate verification (as outlined below) to support a claim of incapacity.

A medical report must be obtained from a physician, clinic or hospital and must include the following data:

(a) Medical history relating to the impairment that prevents working.
(b) The results of a medical examination performed within 30 days of the report.
(c) Supporting laboratory data, where necessary, to help define the nature and severity of the impairment.

(d) A functionally oriented statement of the patient's limitations of activity. If able to work part-time, the number of hours per week must be stated.

(e) Expected duration of medical incapacity if sufficiently severe to prevent the applicant/recipient from engaging in substantial work.

C. Person Needed in the Home

The applicant/recipient is required to care for a spouse, parent, child (regardless of age) or any other relative living in the home, wholly incapacitated and in need of constant care (verified by medical authority). The person needing care must be a recipient of or financially eligible for medical assistance.

This exemption may also be allowed if the person in need of care is a non-relative who has been in the household for a period of at least two years and who would require institutional care if the home care was not provided.

If the person in need of care is eligible, or potentially eligible, for homemaker services the option to receive such services in the home should be discussed. Even though homemaker services are provided, GR eligibility may still exist on the basis that care is needed during periods of time when the homemaker is not present.

A medical report (as cited in item B of this section) must verify the medical incapacity of the spouse, child, parent or any other person and the need for constant care by the GR applicant/recipient. If home care is being provided as an alternative to institutional or nursing home care, the medical report must indicate the need for the person to be placed in an institution or nursing home if the care is not provided.

D. Halfway House Resident

The applicant/recipient is a resident of a halfway house or treatment center for alcoholics, drug addicts or individuals released from a State Mental Hospital or State School for the Retarded. Such facility must be licensed by the Department of Mental Health or the Department of Public Health pursuant to regulations issued by the applicable agency, or must have an initial application for a license pending with the applicable agency. Applicants/recipients who are residents of an unlicensed facility with pending application will be considered eligible only upon receipt of a letter from the licensing agency stating that (1) when applicable, a certificate of need has been issued,

(2) an initial application is on file, and (3) the licensing agency concurs with the Welfare Department's decision to certify applicants/recipients of this facility as eligible for GR. The individual must be actively participating in a rehabilitation program of a halfway house or treatment center.

A letter from the Director of a halfway house or treatment center will verify the applicant/recipient's residence. This letter must also describe the rehabilitation program, the progress of the client and the anticipated date of completion. In addition, the letter must indicate that such facility must be licensed by the Department of Mental Health or the Department of Public Health pursuant to regulations issued by the applicable agency or must have an initial application for a license pending with the applicable agency.

If the initial application of an unlicensed facility is rejected by the licensing agency or if the licensing authority revokes the license of a facility already licensed, any GR recipients who are residents in that facility will cease to be eligible for General Relief as a halfway house recipient two weeks after the licensing agency has notified the facility of the rejection of its application or the revokation of its license. The licensing agency will also notify the Department of the rejection of the facility's application or the revokation of it's license.

When the initial application of an unlicensed facility is rejected, or the license of a licensed facility revoked, by the licensing agency, the Department social worker assigned to the case of each applicant/recipient in the facility will assist the applicant/recipient in seeking assistance, either by transferring to another halfway house where the applicant/recipient may qualify as a halfway house resident, or by applying for General Relief as an unemployable person.

E. Person 65 Years of Age or Older

The applicant/recipient is 65 years of age or over and is awaiting determination of Supplemental Security Income (SSI) benefits. If the person is found to be ineligible for SSI benefits, (s)he may be eligible for GR provided the eligibility requirements for GR are met.

Verification that applicant/recipient is awaiting SSI benefits will be established by form AP-SSI-I (Authorization for Reimbursement of GR benefits from SSI Retroactive Payment). Ineligibility for SSI will be established by the applicant/recipient's letter of denial from SSI.

F. Ex-Offender

The applicant/recipient is an ex-offender who has spent a minimum of sixty (60) days in a penal institution, who has been released from prison for not more than two (2) months, and who is actively seeking work through either the Massachusetts Division of Employment Security (DES) or the Office of Man-

power Development of the Massachusetts Department of Corrections. This exemption will be limited to two (2) months from the date of release from prison.

Verification of length of stay in and date of release from a penal institution must be obtained by the applicant/recipient from either the penal institution, the applicant/recipient's probation officer or his/her parole officer. Verification of actively seeking work will be by presentation of a statement from the Office of Manpower Development, Department of Correction or by presentation of DES Form 2988 showing registration for employment at least once a week.

X. Obligation of Employable GR Applicants or Recipients

All employable persons who have dependent children under the age of eighteen (18) living in the home and any employable dependent of such person sixteen (16) or seventeen (17) years of age shall not be eligible for GR unless evidence is submitted with the application, that the individual has registered for work at the DES within two weeks preceeding application (DES Form 2988).

This requirement does not apply in the case of:

A. A female applicant/recipient who is required to care for a dependent child in the home who is under high school age.

B. The applicant/recipient who is employed full-time in a job which pays at least the minimum wage. Full-time employment is a minimum of thirty-five hours a week. The parent must accept employment, if available, that will increase earning power and ability to support dependents.

Once a GR applicant or recipient has been classified as employable (s)he must participate in the manpower services available through DES or be subject to sanctions which may include the loss of GR benefits. Items XI and XII below set forth the criteria which must be met before an employable GR recipient can be required to accept an assignment to one or more of the services of DES, and the procedures for processing a refusal to accept appropriate manpower services.

Assignment is construed to include not only the offer of a referral and the first physical reporting of the participant at the time and place scheduled for him/her to report, but also regular participation until the assignment is completed.

The obligation to register for manpower services through DES shall also apply to an applicant/recipient who has been classified as employable and who is employed less than full-time.

XI. Components of Suitable Work

In the event of a dispute between the Department and DES as to the applicability of any of the following conditions, the final determination will be by the Department.

A. Capability

The job must be consistent with the capability of the participant to perform the task on regular basis without adverse effect on his/her physical or mental health. A finding of adverse effect shall be based on a doctor's statement indicating that this job would impair the individual's health.

B. Discrimination

The job shall not be discriminatory in terms of age, sex, race, religion or national origin.

C. Health and Safety

The work or training site to which the individual is assigned must not be in violation of applicable health and safety standards, including provision of Workmen's Compensation by any employer required by law to do so.

D. Wages

The hourly gross pay from the work or training program shall be equal to or greater than the minimum wage except when an occupation is specifically exempted by law from such wage requirements.

E. Suitable Work

Suitable work may be temporary, permanent, full-time, part-time or seasonal. No individual may refuse gainful work which (s)he considers to be outside his/her customary work, experience or training or not in his/her field of interest or preference.

F. Other Factors

No individual will be required to take a job which is available due to a labor dispute.

XII. Sanctions

Individuals who refuse to participate in a manpower service offered by DES will be notified of the Department's intent to terminate their assistance and the reasons for such action. If an appeal is not filed, the planned action will take place when the advance notice period is over. If a timely appeal is filed, assistance shall continue throughout the appeal process.

If an individual whose assistance was terminated because of the failure to accept a DES service reapplies, eligibility cannot begin until thirty (30) days from the termination date.

If an applicant or recipient refuses a DES service there will be no eligibility until thirty (30) days from date of refusal.

XIII. Potential Resources

Persons applying for or receiving GR who appear to have undeveloped resources such as OASDI benefits, Railroad Retirement benefits, Workmen's Compensation, Unemployment Compensation or other benefits must apply for such benefits at the time of initial application for GR or at any time while the person is in receipt of GR in order to remain eligible for assistance.

XIV. Responsibility of Relatives

Parents are responsible for the support of their children except that parents shall not be required to support any of their children 18 years of age or over. This responsibility shall not apply to a father or mother who has attained the age of 65 years or to a widowed mother who has attained the age of 62 years.

A husband is responsible for support of his wife. When a husband and wife live together their combined income shall be considered in determining eligibility or the amount of the assistance grant for either or both. Income shall include SSI received by either spouse.

XV. Eligibility Requirements and Application Procedures for Federally Aided Programs

A person who is eligible for AFDC is not eligible for GR.

Any person eligible for medical care and services under the MA program is not eligible for medical care and services under GR.

Persons receiving Supplemental Security Income (SSI) payments are not eligible for GR.

Persons 65 years of age or over who have applied or will apply for SSI may receive GR, if otherwise eligible, while awaiting SSI payments.

A person under age 65, with indications of physical or mental disability, who applies for GR, must also apply for SSI within two (2) weeks of GR application. Disability means inability to engage in any substantial gainful activity because of a physical or mental impairment that has lasted, or is expected to last, at least 12 months or is expected to result in death. (Note: the "disability" need

within ten (10) days of the Department's initial receipt of the SSI check.

Form AP-SSI-4 will then be completed by the SSI Refund Unit. This is an explanation of the check being received by the recipient. A copy of form AP-SSI-3 will be attached to the form AP-SSI-4. Forms AP-SSI-3 and AP-SSI-4 will be completed in triplicate; the original will be sent to the recipient along with the GR check, the second will be sent to the WSO responsible for the GR case, and the third will be maintained in the SSI Refund Unit.

The WSO upon receipt of the AP-SSI-4 will close the GR case effective the date noted on the form.

In all instances, the recipient will be given the first GR check which follows receipt of the SSI payment, i.e. if the SSI payment is received on November 2 and the next check is due to be received on November 14, the November 14 check will be issued and the case closed effective November 15. The amount of the last GR check will have been deducted from the SSI payment. This will be done to assure sufficient time to close cases as well as to recover all payments.

Any person in receipt of an SSI emergency advance payment or a one-time payment is to have such payment taken into consideration as income in accordance with Chapter IV, Section B, Item 6 of this Manual.

XVI. Citizenship and Alienage

An applicant for or recipient of GR must be a resident of the United States who is either (a) a citizen or (b) an alien admitted for permanent residence or otherwise permanently residing in the United States under color of law. Also, when all other factors of eligibility are met, an alien who has illegally entered the United States may be aided under GR, subject to the requirement that the Immigration and Naturalization Service be notified.
(Reference: Chapter II, Section C, Part 9)

XVII. Need

Need is determined in accordance with the material contained in Section A, Part 3 and Section B of Chapter IV of this Manual.

The purpose of this program is to meet the basic needs of Cuban refugees who have sought refuge in this country.

This program will end on December 31, 1981 and no assistance payments will be issued after December 31, 1981. Cubans who entered the U.S. on or after October 1, 1978 may seek assistance under the Refugee Resettlement Program, provided they meet all the requirements of the Refugee Resettlement Program.

The following section is retained so that benefits may be provided until December 31, 1981.

I. Eligibility

Cuban refugees who are properly registered at the Cuban Refugee Center, Miami, Florida, and who have been resettled by one of the voluntary participating agencies listed below, are eligible for assistance under this program. Their status as Cuban refugees will have been determined prior to departure from Miami and each will have identification furnished by the Center. If at all possible, a copy of the identification card, identified by the heading "U.S. CUBAN REFUGEE CENTER REGISTRATION CARD", should be placed in the case folder. If a copy cannot be made, the Control Number, Center File Number, and Alien Number should be taken from the card and entered in the case record. If such identification cannot be furnished at the time of application, as much information as possible should be submitted to the Regional Office in order that proper identification may be obtained from the Federal Agency. Need is the only other eligibility factor which must be established by the worker. Registration and participation in the WIN program is not required.

Cuban refugees who enter this country after September 30, 1978 are not entitled to benefits under the Cuban Program Phasedown. They may receive assistance under the Refugee Resettlement Program if they meet all the requirements of the RRP Program.

When a Cuban refugee becomes a naturalized citizen, he is no longer eligible under the Cuban Program Phasedown. If a female Cuban refugee marries a U.S. citizen, children born of this marriage are not eligible for assistance under this Program.

II. Determination of Need

Financial assistance to Cuban refugee cases, regardless of family composition will be based upon the Department's AFDC standards. Income and resources must be considered on the same basis as in the AFDC program, payments made in accordance with the AFDC payment levels including the issuance of the quarterly payments and other appropriate benefits. Assistance to single adult cases and assistance to couples without children will be based on the AFDC needs standard for one (1) and two (2) persons respectively,and will be budgeted in accordance with (6 CHSR III), Subchapter A, Part 304, Subparts A,B,C, and D of the Assistance Payments Manual.

III. Medical Assistance

Medical Assistance will be provided in accordance with the Medical Care Plan to all individuals and families receiving cash assistance under the Cuban Program Phasedown. Similarly, Medical Assistance will be provided to the same extent to Cuban individuals and families whose need is medical only, and can be determined as eligible under the MA standards with regard to income and resources.

IV. Application for SSI

All applicants for or recipients of benefits under the Cuban Program Phasedown who are 65 years of age, blind or disabled,must be referred to the Social Security Administration to apply for SSI benefits.

V. Registration for Employment

In order to assist employable refugees in their effort to become self-sustaining, the worker should inform the refugees of the various programs available to them and should encourage them to register with the Division of Employment Security.

VI. Social Services

When appropriate, the worker shall refer a person requesting or needing Social Services to the Social Services Unit. The referral and the response from the Social Services Unit is made on the Informational or Referral Communication (SOC-7) form.

VII. Right of Appeal and Confidentiality

The right of appeal that is a requirement in the AFDC program must also be provided to Cuban refugees who apply for or receive assistance as stated in Chapter VI, Section B of this Manual.

All laws, rules, and regulations providing for the safe-guarding of confidential information apply in the Cuban Program Phasedown as stated in (6 CHSR III), Sub-chapter A, Part 305, Subpart J of the Assistance Payments Manual.

VIII. Procedures for Coding and Identifying Cuban Cases

All cases that are approved or have been approved for financial assistance will be placed in category "0" on the SS9A form. All cases that are determined eligible for Medical Assistance Only will also be placed in category "0" on the SS9A form. This will identify these cases as eligible for the 100 percent Federal reimbursements to the Department.

Grantee-relatives or individuals will be approved with the appropriate action code in block 19 on the SS9A. Dependents will be approved with the appropriate WIN action reasons.

IX. Case Records

Individual case records must be maintained and must show clearly and accurately who was aided, the assistance or service given, its purpose, and all data substantiating need. For continuing cases, all changes of circumstances and the date of change, must be recorded. The length of time each Cuban refugee has resided in the United States must be recorded in the case record in the event plans are formulated to phase out the program.

All forms such as application and authorization forms must be clearly marked "Cuban Program Phasedown" and include the Center File Numbers appearing on the identification issued by the Cuban Refugee Center.

X. Applications

Applications for financial assistance will be processed on the Application for Aid to Families with Dependent Children (Form AP-1).

Applications for Food Stamps by public assistance households shall be processed by use of the Food Stamp Program Public Assistance Affidavit (Form FSP-1A).

Applications for Food Stamps by non-public assistance households shall be processed by use of the Food Stamp Program Application (Form FSP-1).

Applications for Medical Assistance will be processed on the Declaration of Need for Medical Assistance (Form SS-37) and the Declaration of Retroactive Need for Medical Assistance (Form SS-37A).

XI. Participating Agencies

Among those voluntary agencies participating in this program under contract with the Federal Government having responsibility for resettlement of Cuban refugees are:

Catholic Relief Services of the National Catholic Welfare Conference

Church World Service

United Hebrew Immigrant Aid Society, Inc.

International Rescue Committee

National Committee for Resettlement of Foreign Physicians, Inc.

1. Medical Assistance Eligibility

Eligibility for MA shall begin from the date of application, but shall also apply during the three months immediately prior to the month in which the application was filed, provided that at the time medical care or services were provided, all MA eligibility requirements would have been met.

2. Groups eligible for MA

a. Categorically Aided

All person receiving public assistance under Supplemental Security Income (SSI) or AFDC programs are automatically eligible for MA as the requirements for these programs fall within eligibility requirements of MA. In addition, all persons who meet the conditions of eligibility for SSI or AFDC but have not yet applied are eligible under this program.

A family continues to be categorically needy for MA for four (4) consecutive months beginning with the month in which the family becomes ineligible for AFDC, provided that:

(1) the family becomes ineligible through increased earnings from employment;

(2) the family was eligible for AFDC for three (3) of the six (6) months immediately preceding the month in which the family became ineligible for assistance;

(3) a family member whose earnings must be considered continues to be employed.

b. Categorically Related

Categorically related persons would be eligible for SSI or AFDC except that they:

(1) do not meet the income or personal property requirement;

(2) in the case of AFDC have not met the educational or training requirement for children between eighteen (18) and twenty-one (21) years of age;

(3) in the case of SSI Disabled have not met the requirement to accept available treatment as a drug addict or alcoholic.

(4) are SSI Aged or Disabled recipients who became ineligible for SSI on or after 7/1/77 because of Social Security cost of living increases and for no other reason. Such recipients are MA eligible as stipulated by the Pickle Amendment to Title XIX of the Social Security Act. Continued eligibility for MA is based on the recipient not becoming ineligible for SSI for reasons other than Social Security cost of living increases. The Pickle Amendment does not cover any persons who would have been eligible for SSI but did not apply.

Such persons would be eligible for MA providing they meet the basic eligibility requirements of the MA program. Disabled persons related to the SSI program must qualify through the Medical Review Team of the Department. Unemployed parents whose unemployment compensation is sufficient to cause ineligibility for AFDC may be eligible for MA/AFDC along with their dependents. They are not eligible for MA as AFDC related if they refuse unemployment compensation.

c. Individuals Under 21

All other children not described in a. and b. above who are under twenty-one (21) years of age shall be eligible under the MA program providing they meet the basic eligibility requirements; however, in GR cases with persons under 21, a separate MA application shall be required for the persons.

d. Persons Essential to Care - Spouses

The spouse of a recipient of SSI, or MA related to SSI, who was eligible for MA in December, 1973 as a spouse essential to care will remain eligible for MA provided:

(1) The recipient with whom the essential spouse lives continues to meet the December, 1973 OAA and DA eligibility standards; and

(2) The spouse continues to live with the recipient as spouse and remains essential to the care of the recipient.

e. Persons Essential to Care - Relatives or Friends

All other individuals classified as persons essential to care in December, 1973 will continue to have their medical needs met by the General Relief program, provided that:

(1) they are ineligible by their own right for the MA program;

(2) the recipient with whom the essential person lives continues to meet the December, 1973 OAA or DA eligibility standards; and

(3) the individual continues to live with the recipient and remains essential to the care of the recipient.

f. Persons Receiving Personal Care Attendant (PCA) Services From The Massachusetts Rehabilitation Commission (MRC)

As of January 2, 1980, the benefits of the Medical Assistance program will be granted to persons, not otherwise eligible for Medical Assistance, who are receiving personal care attendant services provided and paid by the Massachusetts Rehabilitation Commission (MRC) for at least fourteen hours per week to carry out routine bodily functions, dressing, preparation and consumption of food, moving into or out of bed, routine bed baths, ambulation or any other functions of daily living in accordance with General Laws, Chapter 118E, Section 1.

Potential recipients under this program must go to their local area office of the Massachusetts Rehabilitation Commission. MRC determines eligibility for their personal care attendant services in accordancw with 107 CMR 71.00 et seq. MRC will notify the Office of Assistance Payments when clients start to receive personal care attendant services and MA benefits will be granted. Local welfare offices will not handle these cases.

3. Residence

Applicants or recipients must reside in the State but there is no durational residence requirement.

Definition of Residence

The term "residence" means to occupy an established place of abode with no present intention of definite and early removal, but not necessarily with the intention of remaining permanently.

Interpretation

It is not necessary that an applicant or recipient be physically present at all times in his place of residence.

3. Residence

Applicants or recipients must reside in the State but there is no durational residence requirement.

Definition of Residence

The term "residence" means to occupy an established place of abode with no present intention of definite and early removal, but not necessarily with the intention of remaining permanently.

Interpretation

It is not necessary that an applicant or recipient be physically present at all times in his place of residence.

b. Medical care and services will be provided outside Massachusetts to eligible residents of Massachusetts, at least in the following situations:

(1) When it is general practice for residents of a particular locality to use medical resources outside Massachusetts; or

(2) When the medical care and services available, or the availability of needed supplementary resources, make it desirable for the individual to use medical facilities outside Massachusetts for short or long periods, in accordance with plans developed jointly by the agency and the individual, consistent with medical advice.

5. Personal Property

Personal property is defined as cash or other liquid assets that an individual owns and could convert to cash. Liquid assets include but are not limited to the following:

a. cash on hand;
b. cash in savings accounts, checking accounts, revocable trust accounts, credit union accounts or certificates of deposits;
c. stocks;
d. U.S. savings bonds;
e. bonds;
f. mutual fund shares;
g. mortgages held by the individual;
h. promissory notes;
i. cash surrender value of life insurance policies when face value is more than $1500;
j. equity value of automobiles in excess of one;
k. equity value of snowmobiles, boats, trailers and other recreational vehicles.

6. Determination of Ownership of Personal Property

a. Individuals and Couples Categorically Related to the SSI Program

When assets are owned exclusively by an applicant or recipient all funds shall be considered a resource in determining the eligibility of that applicant or recipient.

When assets are owned jointly by an applicant or recipient and one or more individuals, all funds are considered a resource to the applicant or recipient if (s)he has the legal ability to make the funds available regardless of their original source.

b. Families Categorically Related to the AFDC Program and Children under 21

When assets are owned exclusively by an applicant or recipient all funds shall be considered a resource in determining the eligibility of that applicant or recipient.

When assets are owned jointly by two or more persons they are considered to be owned in equal shares unless a different distribution is verified. If joint ownership exists, only that portion of the asset owned by persons whose income and assets are counted in determining eligibility is countable. Verifications of other than equal ownership include title, purchase contracts, bank statements, or other certificates of ownership.

7. Personal Property Standards

a. Individual

An individual is allowed personal property up to $2000.

b. Family

Two persons in a family are allowed combined personal property up to $3000. An additional sum of $100 shall be allowed for each additional dependent member of the family.

c. Transfer of Real or Personal Property

(1) Medical Assistance shall not be granted to an applicant, who at any time within one year immediately prior to the filing of an application for Medical Assistance, has made an assignment or transfer of real or personal property for the purpose of rendering himself/herself eligible for such assistance, except as provided in Massachusetts General Laws, ch. 118E, §13, or except as provided in this section.

(2) Eligibility for Medical Assistance shall be denied when the Department determines that one significant purpose of the transfer was to render the applicant eligible for Medical Assistance. The Department has the responsibility of demonstrating that the applicant had the specific fraudulent intent to render himself/herself eligible for Medical Assistance at the time of the transfer. The Department shall base its determination on whether the applicant had retained sufficient resources after the transfer was completed to provide for his/her support and medical care by considering such factors as the applicant's age, health, and life expectancy. If the Department determines that an applicant retained insufficient resources after the transfer was completed, it shall further investigate the circumstances of the transfer, including the applicant's knowledge of the Medical Assistance program, to ascertain the applicant's intent.

(3) In the following situations the Department shall not inquire into the applicant's intent, and a transfer of real or personal property will not affect the applicant's eligibility for Medical Assistance:

(a) When the applicant's total countable assets, including the equity value of the property transferred, is less than the allowable resource limit for the family size. The value of the property at the time of the transfer is used to make this determination.

When an adjustment of life insurance policies is necessary, the procedures outlined in Chapter II, Section C of this manual must be followed.

8. Citizenship and Alienage

An applicant for or recipient of MA must be a resident of the United States who is either (a) a citizen or (b) an alien admitted for permanent residence or otherwise permanently residing in the United States under color of law. (Reference: 106 CMR 332, Pages 332.071 through 332.079)

9. Need

The basis for the determination of need under the MA program shall be in accordance with the provisions in Section B of Chapter IV of this manual.

(b) The applicant received adequate consideration for the value of the property transferred. The value of the property at the time of the transfer is used to make this determination. Adequate consideration includes:

(i) A transfer made to satisfy a legally enforceable debt; or,

(ii) A transfer made to reimburse someone other than a legally responsible person for care or benefits provided on the understanding that reimbursement would be made by an applicant. If a transfer is made to reimburse a spouse, child, parent or other legally responsible person, the Department shall make a determination concerning the applicant's intent in accordance with the standards of paragraph (2).

8. Real Property

An applicant may own real property used as a home or from which he is absent because of mental or physical incapacity. Ownership of an interest in any other real estate including vacant land from which no income is derived affects eligibility and immediate and continuing action must be taken by the applicant to dispose of this real estate at fair market value.

9. Life Insurance

There is no restriction regarding the amount of life insurance a person may have. If the total face value of all life insurance policies on any person is $1500 or less, no part of the cash surrender value of any policy will be considered in determining the value of personal property. However, if the total face value of life insurance policies exceeds $1500, then the cash surrender value of these policies must be considered in determining the value of personal property to the extent that the surrender value, either alone or in combination with other personal property, is greater than the amounts specified in 7(a) and 7(b) above. In making these determinations term insurance and burial insurance will not be taken into account.

When adjustment of life insurance policies is necessary, the procedures outlined in Chapter II, Section C of this manual must be followed.

10. Citizenship and Alienage

An applicant for or recipient of MA must be a resident of the United States who is either (a) a citizen or (b) an alien admitted for permanent residence or otherwise permanently residing in the United States under color of law. (Reference: 106 CMR 332, Pages 332.071 through 332.079)

11. Need

The basis for the determination of need under the MA program shall be in accordance with the provisions in Section B of Chapter IV of this manual.

I. Introduction

Emergency Assistance (EA) is financial and medical assistance to a needy family with a child(ren) under 21 when such child(ren) is without available resources and the rendering of such aid is necessary to meet those needs which the Department defines as immediate and urgent. Federal financial participation in Emergency Assistance payments is provided for in the Social Security Amendments of 1967 which require that such assistance must be made available forthwith.

II. Eligibility Factors

A family is eligible for Emergency Assistance if there is a needy child(ren) under 21 who is or has recently (within six months) been living with any relative specified in Chapter I, Section C, Page 1 of this Manual. However, the child(ren) does not have to be living with such relative at the time assistance is granted. Emergency situations will occur, such as accidental death or absence of parents, in which the child(ren) will not be living with any related person at the time of application.

In determining eligibility for Emergency Assistance, any of the following are eligible for the program:

A. Families with children receiving AFDC or GR.

B. Families applying for Emergency Assistance (including families of migrant workers), who would meet the income standards of assistance for AFDC as outlined in Chapter IV, Section A of this Manual and the personal property standards for AFDC as outlined in Chapter I of this Manual. The children of these families need not, however, be deprived of parental support by reason of death, continued absence, physical or mental incapacity or unemployment of a parent, so long as the financial criteria are met.

C. Children under 21 who meet the income and personal property standards of eligibility for AFDC and who have within six months been living with a specified relative.

A family will be considered ineligible for the program if the parent(s), or the child(ren) over the age of 16 not regularly attending school, has refused without good cause to accept employment or refuses to register with DES <u>and</u> this refusal caused the family's current need for Emergency Assistance.

Only those items specified in this Manual may be provided, and only under the circumstances described herein (Chapter IV, Section A, Part 4).

III. Application

A. Families with children receiving AFDC or GR are not required to complete an additional application form (AP-1). A home visit by the worker is not required except in instances of disaster.

B. Families who are not presently in receipt of a maintenance grant from the AFDC program or the GR Family with Children program and are applying for Emergency Assistance must complete application form AP-1 (Application for Aid to Families with Dependent Children). Because of the need to respond forthwith to emergency needs, verification of eligibility factors at the point of application is not required unless the applicant's statements appear to be incomplete, inconsistent or contradictory.

C. All requests for Emergency Assistance must be responded to forthwith in writing, using Notification Form Letter #9. In all instances of requests for assistance under this program, the case record must contain the date of the request, and the date that the applicant or recipient was notified in writing of the disposition of the request.

IV. Duration and Scope of Assistance

Emergency Assistance is limited to one period of thirty consecutive days in any twelve consecutive months. This limitation applies to the 30-day period in which the services or commodities, or both, are AUTHORIZED. Authorization may be made for needs which arose before such 30-day period, e.g., utility arrearages, or for such needs as rent which will extend beyond the 30-day period. More than one payment may also be authorized within the 30-day period.

The limitation of Emergency Assistance to one period of thirty consecutive days in any twelve consecutive months does not apply if the family's second application for Emergency Assistance is the result of a disaster. Payments made as disaster relief in these situations do not qualify for Federal financial participation.

Assistance shall be only for those items which represent the immediate and urgent needs of the family (and only as defined in Chapter IV, Section A, Part 4 of this manual). The amount of assistance shall be in accordance with the standards and guidelines in this Manual. Needed medical care (including hospital care) will be provided under this program only for those family members who are not eligible for the MA program, such as the parents in a family where the children are eligible for MA Under 21.

Situations calling for mass care and assistance due to disaster such as hurricane, fire, flood and tornado shall also be covered under this program. These emergency needs will be met if the need can not be provided for forthwith by any other agency or resource. These sources include, but are not limited to the Natural Disaster Provisions of the Federal Government, insurance benefits, other private or public agencies and donations. Procedures for meeting emergency needs in mass disaster situations will be worked out when this type of emergency arises.

V. Fiscal Procedures

Federal Financial reimbursement at the rate of 50% is generally available for payments or care provided by the Department, including administrative costs reasonably

related to carrying out the program. The method of payment under this program is the vendor payment, unless the authorization is for moving expenses.

Payments to be made for all non-medical services rendered under the Emergency Assistance program are to be processed under current procedures, and with the highest feasible priority, on Form PA-33A (Authorization and Claim for Non-Medical Services).

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6. Reimbursement

The WSO will have a further responsibility in respect to repayment to (1) explain to an individual requesting assistance that repayment is expected of persons with sufficient financial ability, (2) to determine his ability to repay, (3) to develop a plan of repayment when possible, and (4) to recommend to the Department of Health, Education, and Welfare regarding repayment. Six copies of Form APA 2048 must be completed by the WSO and sent to Central Office (the Director of Repatriated U.S. Citizens Program, 600 Washington Street, Boston) so the Department can claim Federal Reibursement. Form APA 2048 should be submitted monthly as soon as possible after the end of each month, but no later than 15 days after the close of the month.

Form APA 2061 must be used for reporting disposition of referrals and should be completed by the WSO within five days of the initial contact and sent to Central Office (the Director of Repatriated U.S. Citizens Program, 600 Washington Street, Boston). Since it is necessary to obligate funds for each repatriate by name, it is important that initial expenditures be recorded on Form APA 2061 and submitted within the five days. Form APA 2061 will include the Department's recommendation as to repayment of assistance granted.

7. Services to Mentally Ill Nationals

As part of the Repatriated U.S. Citizens Program, the Federal Government, with the enactment of Public Law 86-571 has accepted responsibility for the care and treatment of any national of the United States who becomes mentally ill in any foreign country. The Secretary of the U.S. Department of Health, Education, and Welfare is authorized by law to provide for the reception and hospitalization in the United States of such nationals.

Administration of the law involves assuming responsibility for the reception of a mentally ill person at the port of entry or debarkation and assisting him to obtain the care and treatment necessary to his well being, taking his own wishes into consideration as far as possible. The objective will be to help a mentally ill person reach the home of relations who have accepted responsibility for his care and treatment, or to arrange for relatives to assume this responsibility, if such an arrangement is in his best interests. Otherwise, if hospitalization is indicated and the mentally ill person is willing to be hospitalized, it will be necessary to determine whether another Federal agency or State agency will assume responsibility for his care before such hospitalization can be paid by the Department.

Temporary care and treatment will usually be provided at the port of entry or debarkation until other arrangements can be made for the mentally ill person's necessary care by a relative, another Federal Agency, or a State in which he has residence. The purpose is to assure that appropriate provision is made for the mentally ill person until other arrangements can be made.

The Repatriated U.S. Citizens Program is financed 100% with Federal funds.

The information in this section on Supplemental Security Income (SSI) is intended as an aid to Department staff and especially to help workers make proper referral to the Social Security Administration when appropriate. The Department does not administer the SSI program.

The basic idea of the Supplemental Security Income program, effective January 1, 1974, is to assure a minimum income level for people who are age 65 or over, blind, or disabled and who do not have sufficient income and resources to maintain a standard of living at the established Federal minimum income level.

Eligibility

The following are the eligibility requirements for SSI-Aged:

1. Age

   Applicant must be at least sixty-five years of age.

2. Residence

   a. Applicant must be a resident of the United States and be a U.S. citizen or an alien lawfully admitted for permanent residence or otherwise legally residing in the United States.
   b. Any individual who has been outside the U.S. for 30 consecutive days or more must again reside in the U.S. for 30 consecutive days to reestablish eligibility.

3. Institutionalization

   No person will be eligible for payments for any calendar month in which, throughout that month, he is in a public institution, which includes a prison, state hospital, county or city hospital.

   An exception applies to certain patients in public health care facilities.

   a. Lower payment standards apply to eligible individuals in hospitals, skilled nursing facilities, or intermediate care facilities that are receiving Medicaid payments on their behalf. For the lower standards to apply, the SSI recipient must be an inpatient each day of the month.
   b. The lower payment standards for recipients in Medicaid-providers recognize that, except for small comfort items, most subsistence needs are met by the facility and the higher payments are not needed.

4. Personal Property

   a. Definition

      Personal property is defined as the ownership of cash on hand, bank deposits, stocks, bonds, postal savings or other similar assets readily convertible into cash. (Property held in trust and not available to an individual until a future time shall not be considered personal property until the individual obtains the right to convert the trust property to his own use.)

b. Individual Ownership

An applicant is allowed personal property not in excess of $1500.00

c. Joint Ownership Between Husband and Wife

In the case of joint ownership of husband and wife, an exemption of $2250.00 is allowed when either or both are applicants. It is permissible for a married applicant to convert his or her personal property into joint ownership.

d. Personal Property of Wife

Personal property of a wife, owned separately and apart from her husband, does not affect the eligibility of the husband.

e. Lien Laws

There must be no liens on the homes or other personal property of eligible individuals. The home and the land that appertains to the home must be of reasonable value as established by the U.S. Department of Health, Education, and Welfare. A home here means any structure that is used as a residence and includes mobile homes, house boats and motor homes.

The principle of relatives' responsibility for support shall not apply except for the responsibility of parents for minor children and of husband for wife.

f. Life Insurance

If life insurance policies have less than $1500.00 face value, they will not be considered as a resource. If the face value exceeds $1500.00, then only the cash surrender value is counted as a resource.

g. Ownership of an Automobile

Ownership of an automobile will not affect eligibility providing it does not exceed a reasonable value. Automobiles may include such items as motorcycles, trucks or jeeps.

5. Disposal of Resources

Applicants for SSI who have resources in excess of the amount allowable for eligibility may be permitted to dispose of the excess over a period of time and receive conditional payments during that time. The resources will be disposed of under approved agreements with the Social Security Administration that will allow different periods of time for disposal of various kinds of resources.

The conditional payments made are considered overpayments and will be recovered from the proceeds of the disposed resources.

6. Resources Exclusions

Aged SSI applicants will be eligible for the following resources exclusions:

a. Value of Home

The home and the land that appertains to the home.

b. Household Goods

Those items used for occupancy, use, maintenance in and around the household.

c. Personal Effects

Clothing, some jewelry and grooming aids are generally not counted as resources.

d. Cash Value of Life Insurance

Cash value of life insurance, if the total face value of all life insurance policies is $1500.00 or less per insured person.

e. Stock Held by Alaskan Natives

Stock held by Alaskan Natives in a regional or village corporation during the 20-year period which they are unable to transfer will not be counted as personal property. The 20-year period is December 18, 1971 through December 18, 1991.

7. Personal Care Allowance in Licensed Rest Homes

All income received by an SSI recipient, less a Personal Care Allowance (PCA) of $79.84 per month, is to be applied to the cost of his/her care in a licensed rest home or in a level IV classification in a multi-level long term care facility. Income includes retroactive or delayed payment of income.

Persons in such living arrangements who become ineligible for SSI because their income exceeds the maximum income level for SSI may now be eligible for assistance under the General Relief program. They may be eligible for Medical Assistance SSI/Aged.

8. SSI Benefit Levels

The SSI-BL chart, Section J, Part 3, Page 1, indicates the schedule of combined SSI and State supplementary payment standards by living arrangement for SSI Aged, Blind and Disabled.

Before advising a client of potential eligibility, the worker should consider the income disregards. Eligibility is based on the available net income as defined in the MA material in Chapter IV, Section B, Definition of Earned Income and Unearned Income and Available Net Income and 19a, Standards for Determining Net Income for Individuals and Couples Categorically Related to the SSI Program, Sub-Section (1).

e. Lien Laws

There must be no liens on the homes or other personal property of eligible individuals. The home and the land that appertains to the home must be of reasonable value as established by the U.S. Department of Health, Education and Welfare. A home here means any structure that is used as a residence and includes mobile homes, house boats and motor homes.

The principle of relatives' responsibility shall not apply except for the responsibility of parents for minor children and of husband for wife.

f. Life Insurance

If life insurance policies have less than $1500.00 face value, they will not be considered as a resource. If the face value exceeds $1500.00, then only the cash surrender value is counted as a resource.

g. Ownership of an Automobile

Ownership of an automobile will not affect eligibility providing it does not exceed a reasonable value. Automobiles may include such items as motorcycles, trucks or jeeps.

8. Disposal of Resources

Applicants for SSI who have resources in excess of the amount allowable for eligibility may be permitted to dispose of the excess over a period of time and receive conditional payments during that time. The resources will be disposed of under approved agreements with the Social Security Administration that will allow different periods of time for disposal of various kinds of resources.

The conditional payments made are considered overpayments and will be recovered from the proceeds of the disposed resources.

9. Resources Exclusions

Disabled SSI applicants will be eligible for the following resources exclusions:

a. Value of a Home

The home and the land that appertains to the home is exempted.

b. Household Goods

Those items that are used for occupancy, use, maintenance in and around household.

c. Personal Effects

Personal effects such as clothing, some jewelry and grooming aids are generally not counted as resources.

d. Property Essential to Self-Support - Disability Only

Tools, equipment, and clothing of an employee required by his employer to furnish such items; also the necessary capital and operating assets in current use to produce income.

e. Cash Value of Life Insurance

Cash value of life insurance if the total face value of all life insurance policies is $1500.00 or less per insured person.

f. Stock Held by Alaskan Natives

Stock held by Alaskan Natives in a regional or village corporation during the 20-year period which they are unable to transfer will not be counted as personal property. The 20-year period is December 18, 1971 through December 18, 1991.

g. Resources for a Plan of Self-Support

Resources necessary to achieve a plan of self-support will be excluded. The disabled person must perform in accordance with the plan and the plan must:

(1) Identify its objectives and set times for achieving them.
(2) Identify resources included in the plan.
(3) Identify the property and specify the limit of the resources that can be excluded under this provision.

10. Personal Care Allowance in Licensed Rest Homes

All income received by an SSI recipient, less a Personal Care Allowance (PCA) of $79.84 per month, is to be applied to the cost of his/her care in a licensed rest home or in a level IV classification in a multi-level long term care facility. Income includes retroactive or delayed payment of income.

Persons in such living arrangements who become ineligible for SSI because their income exceeds the maximum income level for SSI may now be eligible for assistance under the General Relief program. They may be eligible for Medical Assistance SSI/Disabled.

CHART OF COMBINED SSI AND STATE SUPPLEMENT PAYMENT STANDARDS EFFECTIVE JULY 1, 1978

	LIVING ARRANGEMENT			
CATEGORY	A FULL COST OF LIVING EXPENSES	B* SHARED LIVING EXPENSES	C HOUSEHOLD OF ANOTHER	E DOMICILIARY CARE (LICENSED R.H.)
Individual				
Aged	$311.36	$236.83	$222.89	$349.09
Disabled	$299.38	$227.78	$208.97	$349.09
Blind	$338.02	$338.02	$338.02	$338.02
Member of a Couple				
Aged	$237.04	$237.04	$191.76	$349.09
Disabled	$228.05	$228.05	$182.78	$349.09
Blind	$338.02	$338.02	$338.02	$338.02

* Living Arrangement D was discontinued October 1, 1976; individuals in this Living Arrangement have been reclassified to Living Arrangement B. These figures are prepared based upon a 5% cost of living increase, except for those recipients who are receiving mandatory payments. Recipients in licensed rest homes receive a 5% increase of their $74.97 Personal Care Allowance.

11. SSI Benefit Levels

The SSI-BL chart, Section J, Part 3, Page 1, indicates the schedule of combined SSI and State supplementary payment standards by living arrangement for SSI Aged, Blind and Disabled.

Before advising a client of potential eligibility, the worker should consider the income disregards. Eligibility is based on the available net income as defined in the MA material in Chapter IV, Section B, Definition of Earned Income and Unearned Income and Available Net Income and 19a, Standards for Determining Net Income for Individuals and Couples Categorically Related to the SSI Program, Sub-Section (1).

CHART OF COMBINED SSI AND STATE SUPPLEMENT PAYMENT STANDARDS. EFFECTIVE JULY 1, 1976

	LIVING ARRANGEMENT				
Category	A Full Cost of Living Expenses	B Shared Living Expenses	C Household of Another	D * Commercial Boarding	E Domiciliary Care (Licensed R.H.)
Individual					
Aged	$ 282.41	$ 214.81	$ 202.17	$ 227.44	$ 341.77
Disabled	$ 271.54	$ 206.60	$ 189.54	$ 214.81	$ 341.77
Blind	$ 306.59	$ 306.59	$ 306.59	$ 306.59	$ 306.59
Member of a Couple					
Aged	$ 215.00	$ 215.00	$ 173.93	$ 215.00	$ 341.77
Disabled	$ 206.85	$ 206.85	$ 165.79	$ 206.85	$ 341.77
Blind	$ 306.59	$ 306.59	$ 306.59	$ 306.59	$ 306.59

* Living Arrangement D was discontinued October 1, 1976; individuals in this Living Arrangement have been reclassified to Living Arrangement B.

Trans: by S.L. 395

The information in this section on Supplemental Security Income (SSI) is intended as an aid to Department staff and especially to help workers make proper referral to the Social Security Administration when appropriate. The Department does not administer the SSI program.

The basic idea of the Supplemental Security Income Program, effective January 1, 1974 is to assure a minimum income level for people who are age 65 or over, blind, or disabled and who do not have sufficient income and resources to maintain a standard of living at the established Federal minimum income level.

Eligibility

The following are the eligibility requirements for SSI-Disabled:

1. Age

   There are no age limits for the disabled; children as well as adults will be eligible for payments but these benefits will not continue after the person reaches 65 years of age.

2. Residence

   a. Applicant must be a resident of the United States and be a U.S. citizen or an alien lawfully admitted for permanent residence or otherwise legally residing in the United States.
   b. Any individual who has been outside the U.S. for 30 consecutive days or more must again reside in the U.S. for 30 consecutive days to reestablish eligibility.

3. File for Other Benefits

   To be eligible for Supplemental Security Income, an individual must file for all other benefits to which he may be entitled (such as Social Security, Workmen's Compensation, private pensions and Veteran's Benefits). He must file within 30 days after being notified in writing by SSA of potential eligibility for the other benefits and actively pursue the claims.

4. Vocational Rehabilitation and Treatment

   The disabled individual under 65 is required to accept the Vocational Rehabilitation services made available to him. If he refuses to accept these services without good cause, he will be precluded from eligibility. The Federal government will pay the full cost of Vocational Rehabilitation for SSI recipients to enable as many as possible to enter the labor force.

5. Institutionalization

No person will be eligible for payments for any calendar month in which, throughout that month, he is in a public institution, which includes a prison, state hospital, county or city hospital.

An exception applies to certain patients in public health care facilities.

a. Lower payment standards apply to eligible individuals in hospitals, skilled nursing facilities, or intermediate care facilities that are receiving Medicaid payments on their behalf. For the lower standards to apply, the SSI recipient must be an inpatient each day of the month.
b. The lower payment standards for recipients in Medicaid-providers recognize that, except for small comfort items, most subsistence needs are met by the facility and the higher payments are not needed.

6. Special Requirement For Drug Addicts or Alcoholics

A disabled recipient who is diagnosed as a drug addict or alcoholic must accept treatment, if an appropriate facility is available, to remain eligible for payments even if the addiction is not the cause of the disability.

7. Personal Property

a. Definition

Personal property is defined as the ownership of cash on hand, bank deposits, stocks, bonds, postal savings or other similar assets readily convertible into cash. (Property held in trust and not available to an individual until a future time shall not be considered a resource until the individual obtains the right to convert the trust property to his own use).

b. Individual Ownership

An applicant is allowed personal property not in excess of $1500.00.

c. Joint Ownership Between Husband and Wife

In the case of joint ownership of husband and wife, an exemption of $2250.00 is allowed when either or both are applicants. It is permissible for a married applicant to convert his or her personal property into joint ownership.

d. Personal Property of Wife

Personal property of a wife, owned separately and apart from her husband, does not affect the eligibility of the husband.

e. Lien Laws

There must be no liens on the homes or other personal property of eligible individuals. The home and the land that appertains to the home must be of reasonable value as established by the U.S. Department of Health, Education and Welfare. A home here means any structure that is used as a residence and includes mobile homes, house boats and motor homes.

The principle of relatives' responsibility shall not apply except for the responsibility of parents for minor children and of husband for wife.

f. Life Insurance

If life insurance policies have less than $1500.00 face value, they will not be considered as a resource. If the face value exceeds $1500.00, then only the cash surrender value is counted as a resource.

g. Ownership of an Automobile

Ownership of an automobile will not affect eligibility providing it does not exceed a reasonable value. Automobiles may include such items as motorcycles, trucks or jeeps.

8. Disposal of Resources

Applicants for SSI who have resources in excess of the amount allowable for eligibility may be permitted to dispose of the excess over a period of time and receive conditional payments during that time. The resources will be disposed of under approved agreements with the Social Security Administration that will allow different periods of time for disposal of various kinds of resources.

The conditional payments made are considered overpayments and will be recovered from the proceeds of the disposed resources.

9. Resources Exclusions

Disabled SSI applicants will be eligible for the following resources exclusions:

a. Reasonable Value of a Home

The home and the land that appertains to the home must be of reasonable value as established by the Department of Health, Education, and Welfare.

b. Household Goods

Those items that are used for occupancy, use, maintenance in and around household.

Trans. by S.L. 353

c. Personal Effects

Personal effects such as clothing, some jewelry and grooming aids generally are not counted as resources.

d. Property Essential to Self-Support - Disabled Only

This includes the necessary tools, equipment, and clothing of an employee who is required by his employer to furnish such items; also includes the necessary capital and operating assets which must be in current use for income producing purposes in order to be excluded.

e. Cash Value of Owned Life Insurance

Cash value of owned life insurance is excluded if the total face value of all life insurance policies is $1500.00 or less per insured person.

f. Stock Held by Alaskan Natives

Stock held by Alaskan natives in a regional or village corporation during the 20 year period which they are unable to transfer will not be counted as personal property. The 20 year period is December 18, 1971 through December 18, 1991.

g. Resources for Self-Support

The resources necessary to achieve a plan of self-support will be excluded. The person involved must be performing in accordance with the plan and the plan must:

(1) Identify the objectives of the plan and set a time for achieving them.
(2) Identify the resources included in the plan.
(3) Identify the property and specify the limit of the resources that can be excluded under this provision.

The Vietnamese and Cambodian Refugee Program (VCRP) became effective April 8, 1975, upon the passing of the Indochina Migration and Refugee Assistance Act of 1975. The Department of Health, Education and Welfare will provide 100 percent reimbursement to the States for financial and medical assistance and social services to needy Vietnamese and Cambodian refugees in the United States.

Definition of a Refugee

For the purpose of this assistance program, a refugee is defined as: A Cambodian or Vietnamese national who has been paroled into the United States by the Immigration and Naturalization Service (INS) as a refugee or has been granted voluntary departure by the INS as a refugee. Parole is granted only prior to or at entry into the United States. Voluntary departure is granted only when a refugee had entered as a non-immigrant or entered without inspection.

I. Eligibility

Vietnamese and Cambodian refugees who are properly registered and who have been resettled by one of the national voluntary agencies listed in item IX below or a State or local government working with the Federal Government, or sponsored by private U.S. citizens are eligible for assistance under this program. In most instances their status as Vietnamese and Cambodians should be determined prior to departure from one of the Refugee Centers. Identification (Form 1-94) and a Social Security number will be furnished to each refugee at the Centers through the INS. If such identification cannot be furnished at the time of application, the worker should submit to the Regional Office as much information as possible in order that proper identification may be obtained from the Federal agency. Need is the only other eligibility factor which must be established by the worker.

Since a dependent of a U.S. citizen may also possess a Form 1-94, the worker must inquire whether the person entered the U.S. as a dependent of a U.S. citizen and whether the relationship to the U.S. citizen is such that the person would be included under the Repatriate Program rather than this program.

When a Vietnamese or Cambodian refugee becomes a naturalized citizen, (s)he is no longer eligible under the Refugee Program. If a female Vietnamese or Cambodian refugee marries a U.S.citizen, children born of this marriage are not eligible for assistance under this program.

II. Determination of Need

A. Financial Assistance

Financial assistance to these refugee cases, regardless of family composition, will be based upon the State's AFDC needs standard, with income and resources taken into consideration on the same basis as in the AFDC program and payments made in accordance with the AFDC payment level, including the issuance of the quarterly payments and other appropriate benefits except for participation in the WIN Program.

Assistance to adult refugees (cases without children) will also be based on the AFDC needs standard for one (1) person.

B. Resources

Resources, financial or otherwise, which are in fact not available to the refugee shall not be considered in determining eligibility for assistance. This includes resources remaining in Vietnam or Cambodia owned by a refugee or a responsible relative.

The income and resources of sponsors shall not be considered in determining eligibility for assistance.

III. Sponsors

In resettling a refugee, the resettlement agency and the sponsor undertake certain responsibilities as a moral committment. If a sponsor no longer provides for a refugee, then the refugee may have to turn to the public welfare agency for assistance.

As part of the regular verification process the WSO, prior to accepting the refugee for assistance, should contact the sponsor and verify that the sponsor is not providing for the refugee. The WSO should also notify the resettlement agency that an application for public assistance has been made. Meanwhile, assistance should be provided.

IV. Obligation of Employable Refugees

Any Vietnamese or Cambodian refugee between eighteen and sixty-five years of age who is deemed to be employable should be referred to DES for employment, training, or manpower services as deemed appropriate by DES.

V. Application for SSI

All refugee recipients who are 65 years of age, blind, or disabled must be referred immediately to the Social Security Administration to apply for SSI benefits. Such refugees will be included in the assistance benefits until SSI benefits begin.

VI. Medical Assistance

Medical Assistance will be provided in accordance with the medical care plan. The existing eligibility standards under the MA program will apply with the following exceptions:

A. Requirements for categorical relatedness for Medical Assistance may not be imposed.

B. The income and resources of sponsors, and the in-kind services and shelter provided to refugees by their sponsors, shall not be considered in determining eligibility for Medical Assistance.

VII. Social Services

When appropriate, the worker shall refer persons requesting or needing Social Services to the information and referral Social Worker within the Office of Social Services.

VIII. Recording

Individual case records must be maintained and must show clearly and accurately who was aided, the assistance or service given, its purpose, and all data substantiating need. All changes of circumstances and the dates of changes must be recorded.

Case records and application forms must be clearly marked "VCRP" and include the registration number appearing on the identification issued by the Refugee Centers.

IX. Resettlement Agencies (Sponsoring Agencies)

The voluntary agencies participating in this program under contract with the Federal government and having responsibility for resettlement of Vietnamese and Cambodian refugees are:

(a) International Rescue Committee (International Institute of Boston)
(b) Church World Services
(c) Lutheran World Relief
(d) U.S. Catholic Conference (USCC) (Catholic Charities)
(e) United "HIAS" (Jewish Children & Family Services)
(f) American Council of Voluntary Agencies for Foreign Services
(g) American Council for Nationality Services
(h) Traveler's Aid of International Social Services

X. Right of Appeal and Confidentiality

The right of appeal and confidentiality that is a requirement in all public assistance programs must also be provided to Vietnamese and Cambodian refugees who apply for or receive assistance.

XI. Procedures for Coding and Identifying VCRP Cases

A. New Cases

All new cases which are approved for financial assistance, or medical assistance only, will be placed in category "0" on the SS9A form. This will identify these cases as eligible for the 100 percent Federal reimbursement to the Department.

1. Grantee-relatives or individuals will be approved with action code 05 in block 19 on the SS9A.

2. Dependents will be approved with the appropriate WIN action reasons.
3. All other blocks on the SS9A will follow the conventional methods now in use.

B. Active Cases

All Vietnamese or Cambodian refugees who are presently receiving categorical assistance from this Department and who meet the eligibility requirements of the VCRP must be immediately transferred from their present category to category "O" and the appropriate WIN action reason will be indicated in block 19 and 40. If the grant differs as a result of these instructions this change must be reflected on the same SS9A.

XII. Applications

Applications for financial assistance will be processed on the Application for AFDC (Form AP-1).

Applications for Food Stamps shall be processed by use of Form FSP-1c for public assistance households.

Applications for Food Stamps shall be processed by use of Form FSP-1 for non-public assistance households.

Applications for Medical Assistance will be processed on Forms SS37 and SS37a.

Referrals to Social Services will be made on the Information or Referral Communication Form (SOC 7).

Trans. by S.L. 373

MASSACHUSETTS PUBLIC ASSISTANCE POLICY MANUAL

Revised 1967

CHAPTER II - ASSISTANCE POLICIES AND PROCEDURES

Eligibility for financial assistance and other services is determined through the social study which is described in Chapter V of this Manual.

In determining eligibility, recognition is given to the right and obligation of the applicant or recipient to be a responsible participant in the process and to the fact that the objectives of the program can be achieved only through an agency client relationship based on mutual respect.

Eligibility is determined on the basis of factual information that all eligibility requirements are met or that one or more requirements are not met. Reliance is to be placed on the applicant or recipient as the primary source of information about his initial and continued eligibility for assistance. Information will be obtained from other sources only when the information given by the applicant or recipient is inconclusive or he is unable to participate in the determination of eligibility because of physical, mental or other disability.

1. Determination of Initial Eligibility

An application is any actual oral or written request for assistance and other services made by an individual or his representative. In all categories any institution furnishing care shall also have the right to make such an application provided the rights of such an institution do not supersede the rights of an applicant. Whenever an institution applies for an individual, the individual shall be notified of the application, the decision and his right to appeal the decision. Applications should be distinguished from inquiries. A formal application must be made for all persons applying for assistance in any category.

a. Definitions

(1) Inquiries

An inquiry is a general or specific written or verbal communication from a person, institution or other agency requesting information about some aspect of a public assistance program.

(2) Informal Application

An informal application is any actual request for assistance either orally or in writing and usually is made sometime before the formal application can be completed. The date of initial request for assistance shall be the date of the application.

(3) Formal Application

A formal application is the individual's signed and dated request for assistance on Form SS-1 or on a similar local form approved by the Department.

(4) Intake Process

Intake is the process by which information is secured for the purpose of identifying and studying potentials for improved family and individual functioning and for reducing or eliminating dependency for applicants at the earliest possible opportunity and to provide short-term or referral services.

b. Opportunity to Apply

Any person has the right and must be afforded the opportunity to apply without delay for the category of assistance and services he chooses and must be informed of this right. In addition, he must be informed that he has the right to apply for Veterans Benefits and Aid to the Blind.

No person may be denied the right to apply for public assistance. An application must be taken even when the applicant is obviously ineligible or when the application has been filed in advance of meeting eligibility requirements.

Safeguarding the opportunity to apply for assistance is dependent upon providing maximum assurance that no inquiry or application is ignored. It is necessary that social work staff distinguish clearly between inquiries and applications and shall follow up inquiries which appear to be potential applications. An application has been made when an individual expresses to the board of public welfare either a desire to receive assistance or an interest in having his eligibility considered.

c. The Application Process

An individual asserts his claim to public assistance through the application process which encompasses all activity related to an application from the first indication to the board of public welfare of his desire to receive assistance up to the receipt of payment or other disposition of his application.

Services at intake mark the beginning point in the relationship between the agency and the applicant. During the initial interview there shall be exploration of the following with the applicant: (1) the problems and needs which have brought him to the agency, (2) what he has done about his problems or similar problems in the past, (3) what he expects of the agency and (4) whether or not his problems and needs can be met through the agency's programs and services or by other community resources. The social study usually begins during intake.

The following general requirements are to be met in the application process:

(1) All persons desiring to receive assistance and services shall have an opportunity to apply without delay.

(2) All applications for assistance and services are to be given prompt and efficient consideration and action by the W.S.O.

(3) Eligibility or ineligibility to receive assistance or services is to be determined with reasonable promptness and the first assistance check or notice of denial of assistance must be received within thirty days by each individual applicant except in unusual situations.

(4) Assistance shall continue regularly until the individual is found to be ineligible.

(5) All activity of the W.S.O. in receiving and acting upon applications is to be carried on in a manner which enables each individual to maintain his personal dignity and integrity, respects his constitutional rights, affords him protection under Chapter VI of the Civil Rights Act of 1964 and any additional rights created by law.

(6) Individuals found eligible for MA will qualify for assistance for a period not to exceed three months immediately prior to the month in which the application was filed.

(7) Applicants for AFDC or SSI shall be required to make only one application. This application will also be used for MA.

d. Decision of the Individual to Apply

When it has been established that the individual is applying for assistance the WSO is to inform the applicant about the assistance programs for which he may be eligible, the conditions of eligibility which must be established and the extent to which he is expected to participate in establishing his eligibility. He is also to be informed of his rights and responsibilities under the law. This includes responsibility for notifying the WSO about changes in his situation that may affect the amount of assistance to which he is entitled or that may terminate his eligibility.

The decision which is made to continue the application or terminate it is to be the applicant's, and his alone.

e. Exploration of Eligibility

The Department shall verify the existence and amount of all income and resources, and the employment status of any individual applying for assistance. The Department shall verify conditions of eligibility from other government sources, including, but not limited to, the Department of Revenue and the Division of Employment Security, and shall verify the existence and amount of bank accounts by contacting banks.

f. Responsibility of the Board of Public Welfare

The board of public welfare is responsible for arriving at a definite decision concerning eligibility or ineligibility by either authorizing or denying assistance. Each request is entitled to full and fair consideration, and a complete explanation of the reasons for ineligibility must be given to the applicant.

When the decision is made that the applicant is eligible for assistance, such assistance shall be given promptly and continued regularly so long as the individual remains eligible.

g. General Application Procedures

(1) Interview Requirement

In each determination of eligibility a personal interview is required, preferably in the individual's home, unless this is impractical or would delay case action. If difficulties of transportation or other causes preclude a personal interview, contact by telephone or correspondence may be substituted. If the physical or mental condition of the applicant or recipient makes any type of direct contact with him impractical, the requirement may be met by a personal interview or other contact with someone who can act responsibly for him. In the case of initial determinations of eligibility, however, a personal interview with the applicant is required.

(2) Formal Application

The formal application begins with the completion of the official application form and must be signed by the applicant. The application for a person who is under guardianship or conservatorship must be signed by the guardian or conservator. In those cases where the applicant is unable to sign his name the applicant shall make his mark, and the social worker must sign both the applicant's name and his own name as witness.

When the applicant is a married woman, the application must be signed with her given first name rather than that of her husband.

f. Responsibility of the CSA/WSO

The CSA or WSO is responsible for decisions concerning eligibility or ineligibility by either authorizing or denying assistance. The CSA/WSO must use Notification Form Letters to notify the applicant of the action taken by the CSA/WSO.

Each request is entitled to full and fair consideration, and a complete explanation of the reasons for ineligibility must be given to the applicant.

When the decision is made that the applicant is eligible for assistance, such assistance shall be given promptly and continued regularly so long as the individual remains eligible.

g. General Application Procedures

(1) Interview Requirement

In each determination of eligibility, including transferred cases, a personal interview is required in the home of the applicant or recipient except in Medical Assistance where eligibility is established by the use of Declaration Forms SS37 and SS37A.

The CSA/WSO Director, upon review and approval of the Regional Manager, may waive the requirement of an interview in the home of the applicant or recipient when there are sound and compelling reasons to do so. In all such instances, there must be a personal interview with the applicant or recipient.

(2) Formal Application

The formal application begins with the completion of the official application form and must be signed by the applicant. The application for a person who is under guardianship or conservatorship must be signed by the guardian or conservator. In those cases where the applicant is unable to sign his name the applicant shall make his mark, and the social worker must sign both the applicant's name and his own name as witness.

When the applicant is a married woman, the application must be signed with her given first name rather than that of her husband.

For various personal reasons an individual sometimes prefers to use other than his legal name. The application form must be signed in both the legal name and the one ordinarily used by the individual. It is necessary to establish the identity of applicants under the names which they are using. This is most common in the case of a person using other than his legal name and in the case of a married woman.

At the time of application each applicant shall be given the informational pamphlet which explains the category of assistance for which he has applied. The applicant shall also be provided with the Statement on Civil Rights.

(3) Reapplication

When an applicant who has previously been denied assistance or whose assistance has been terminated reapplies for assistance, the same procedures are to be followed as outlined above in this material for determination of initial eligibility.

If there was a complete exploration of eligibility when the assistance was previously approved or denied and the new personal interview indicates no change, a limited exploration of eligibility will suffice. Factors subject to change since the original application must be fully explored.

(4) Protection of Individual's Rights

Persons applying for assistance are to be treated with consideration and respect and must be able to discuss their needs with a social worker in privacy. They are to be assured that all information concerning themselves will be safeguarded with strict confidentiality.

The individual's privacy and personal dignity are not to be violated in any way. For example, social work staff are not to enter a home by force or under false pretenses; make unnecessary home visits outside of working hours, and particularly during sleeping hours; or conduct searches in the home to seek clues to possible deception.

In order to protect the rights of all applicants for or recipients of assistance no individual or family shall be denied any aid, care, service or other benefits under any program of assistance on the ground of race, color or national origin.

Benefits under any programs shall be provided to all individuals or families in the same manner with no segregation or separation of treatment. There shall be no restriction of an individual or family

in any way in the enjoyment of any right enjoyed by others. No individual or family shall be treated differently from others in determining whether he satisfied any eligibility or other requirement. No individual or family shall be denied an opportunity to participate in any programs through the provision of services or otherwise or afforded an opportunity to do so which is different from that afforded others.

h. Special Procedures for Determining Eligibility

(1) State Mental Institutions

Definitions

Wherever the term "State Mental Institution" is used, it shall mean a State Mental Hospital or State School for the Retarded under the supervision and control of the Department of Mental Health.

The term "Mental Health Designee" means "Mental Health Worker".

The only instance where public assistance can be granted in a State Mental Institution (SMI) is when eligible patients 65 years of age or over reside in an approved State Mental Hospital (SMH). Therefore, residents in a State School for the Retarded(SSR) are not eligible for public assistance.

(a) Admissions to State Mental Hospitals

Admission of a Person 65 years of Age or Over Not in Receipt of Public Assistance to a State Mental Hospital

In cases where a needy person 65 years of age or over is admitted to a SMH and is not in receipt of public assistance, the mental health designee shall take the application for OAA or MA, whichever is appropriate. The mental health designee shall forward an application, medical report and a social history to include data affecting eligibility to the Regional Office servicing the SMH. The Regional Office worker will be responsible for processing the application, certifying eligibility and authorizing assistance.

Admission of Persons 65 Years of Age or Over in Receipt of Public Assistance to a State Mental Hospital

When an OAA or MA Only recipient 65 years of age or over is an active case in the community and is to be admitted to a SMH, the case record will be transferred from the WSO/CSC to the Regional Office servicing the SMH which will be responsible for continuing assistance. The Regional Office will process an application for OAA in the case of an MA Only recipient who may be eligible for OAA on admission to the hospital.

(b) Discharges from State Mental Institutions

The Departments of Public Welfare and Mental Health have joined in a cooperative effort to assist certain patients in any SMI who no longer need the specialized services of the institution and who would benefit from discharge to suitable living arrangements in the community, if financial assistance were available to them.

Persons discharged from any SMI may be eligible for categorical assistance. Patients in "family care" (General Laws, Chapter 123 Section 24) status are ineligible for public assistance because they are still under the direct control of a SMI.

Planning Prior to Discharge

When the superintendent of the SMI has decided that the patient could benefit from placement outside the institution, the planning for the placement is to be made by the mental health designee who shall assess and evaluate the patient's social situation. The mental health designee is responsible for planning with the patient, his relatives or friends. Public assistance eligibility shall be certified by the Department prior to discharge, in order to achieve the best possible social plan for the patient's fullest adjustment to his new surroundings, and to assure continuity of his medical and psychiatric care in the community.

Plans for outpatient or private psychotherapy, psychiatric casework services, attendance at day care facilities or any type of community-center or social programs are to be completed while the patient is in the SMI. The staff of the institution shall communicate pertinent medical, psychiatric and social data to the health agency or the physician who may provide care and services to the patient in the community.

Patients in Receipt of OAA or MA at Discharge

Ordinarily, an OAA or MA recipient in a SMH will not be required to file a new application when discharged to the community. The recipient's case record with current residence information provided by DMH, is to be transferred by the Regional Office worker to the WSO/CSC which will assume responsibility for aiding the recipient in the community. A new application will be required

of the MA Only recipient who is discharged from the SMH to the community. If budgeting requirements necessitate consideration of more than personal needs, eligibility for OAA must be explored. The WSO/CSC in the community where placement is made will process this application.

(c) Patients/Residents in need of Public Assistance at Discharge from State Mental Hospitals or State Schools for the Retarded

1. Community Residences: When a patient/resident of an SMI is in need of public assistance at the time of discharge to a community residence, the mental health designee will forward an application form to the WSO/CSC where the community residence is located. This WSO/CSC will be responsible for processing the application, certifying eligibility, authorizing assistance and notifying the SMI.

2. Nursing Home placements: When placement in a nursing home is to be made, the mental health designee will forward a completed application form to a designated WSO/CSC. This WSO/CSC will be responsible for processing the application, certifying eligibility, authorizing assistance and notifying the SMI at the time of placement. It will be the responsibility of the SMI to notify this WSO/CSC of the location of the nursing home placement so assistance may be granted without delay. Case records and responsibility will be transferred to the appropriate WSO/CSC, according to current policy.

3. Designated WSO/CSC's for Processing Nursing Home Applications

Department of Mental Health Facility	Department of Public Welfare designated WSO/CSC
Boston State Hospital	Nursing Home Unit, Boston
Danvers State Hospital	Danvers
Foxboro State Hospital	Attleboro
Gardner State Hospital	Gardner
Grafton State Hospital	Grafton
Mass. Mental Health Center	Nursing Home Unit, Boston
Medfield State Hospital	Norwood
Metropolitan State Hospital	Waltham
Northampton State Hospital	Northampton
Solomon Mental Health Center	Lowell
Taunton State Hospital	Taunton
Westboro State Hospital	Marlboro
Worcester State Hospital	Worcester
Belchertown State School	Holyoke
Dever State School	Taunton
Fernald State School	Waltham
Charles V. Hogan Regional Center	Danvers
Monson State Hospital	Palmer
Wrentham State School	Norwood

Persons in Need of Public Assistance after Discharge

Persons leaving an SMI and not in need at that time, but subsequently falling into need, are to be handled through the usual application process.

Development of an After-Care Plan and Follow-up after Discharge

The mental health designee shall develop a full after-care plan for those being placed in the community, including plans for type of residence, outpatient psychotherapy, psychiatric casework services, supervision of drugs, attendance at day hospitals, social centers, sheltered workshops or any other type of community-centered mental or social programs before the person leaves the facility. The mental health designee shall provide continuity of service to individuals in placement following discharge. Services refer to a total program of after-care, including medical, psychiatric and social services.

In the event the placement in the community fails, referrals are to be made to the nearest DMH facility by the Department's social service worker. It is then the mental health designee's responsibility to reevaluate immediately those persons referred. The mental health designee is responsible for developing a more appropriate placement and treatment plan.

(2) Patient from a State Mental Institution in Need of Medical Assistance for Inpatient Hospital Services

Whenever an SMI patient, regardless of age, enters an approved Title XIX hospital for inpatient hospital services, Medical Assistance will meet the costs of medical transportation, inpatient hospital care and related medical services while on inpatient status, provided eligibility for MA is established. A patient of an SMI is not considered a resident of the SMI while receiving inpatient hospital services.

Applications for Medical Assistance for SMI patients shall be completed by the Department of Mental Health and forwarded to the designated WSO (same as designated WSO for processing nursing home applications, Chapter II, Section A, page 9). The WSO will be responsible for certifying eligibility. The WSO will notify in writing the mental health designee at the SMI where the application originated of the eligibility determination.

(3) Institutions Other Than State Mental Institutions

When a patient in a chronic institution other than an SMI enters an approved Title XIX acute hospital for inpatient hospital services and is in need of public assistance, the WSO responsible for the community in which the chronic institution is located shall be responsible for taking the application. The WSO will be responsible for determining eligibility and granting assistance to the individual, if eligible, as well as notifying the applicant of action taken.

(4) Patient in Need of Public Assistance While Resident of Acute Hospital

When a patient in an acute hospital is in need of public assistance, the application will be made to the WSO responsible for the community from which the applicant had residence when he entered the hospital. If there is any question as to which community the applicant resided in, the question as to who will process the application will be decided by the Regional Office. This WSO will be responsible for determining eligibility and granting assistance to the individual, if eligible, as well as notifying the applicant of action taken. If upon release from the hospital, the recipient moves to another community, the case is to be transferred to the WSO responsible for the new community.

(5) Nursing Home Care for Multiple Handicapped Children

Description of Service

A revision of Public Health and Public Welfare legislation (Chapter 1084, Acts of 1971) permits the placement of certain handicapped persons under the age of 21 in specially certified pediatric nursing homes. The licensing of homes and selection of children are the joint responsibility of the Division of Family Health Services and the Division of Medical Care, both of the Department of Public Health (DPH). There are special licensing and certification regulations applicable to nursing homes providing care for multiple handicapped children. The Department of Public Health is continuing to certify a limited number of multiple handicapped children according to these regulations.

The Division of Family Health Services of DPH, through the use of a Medical Review Team, will determine, on the basis of established criteria, whether an individual can be certified for a pediatric nursing home. These criteria include evaluation of the child's medical problems; intellectual functioning and social situations; and require a determination by the Team that the child is multiple handicapped and in need of medical nursing management. The Team members will supervise medical care and development growth of the child, including periodic on-site review of the nursing home to insure that the facility meets the child's total needs and that the child continues to require such a placement.

Referrals for Medical Eligibility

Multiple handicapped children who are eligible for AFDC, SSI, MA-only and DFCS (Division of Family and Children's Services) are referred to the Department of Public Health (Division of Family Health Services, 39 Boylston Street, Boston, Mass. 02116) for determination of medical eligibility for a certified pediatric nursing home. The referral may be initiated by a child's parent or guardian, Welfare Service Office, hospital, family physician, other health or social agency.

Once the DPH has medically certified the child, one of the following procedures shall be followed. In all cases, the Department of Public Health's notification of the child's medical certification for placement must accompany the application. Special instructions for the completion of the Authorization of Grant and Medical Assistance (SS9A form) for pediatric nursing home placements shall also be followed.

(a) For Children Under the Care of DFCS

The child welfare designee will fill out the Declaration of Need for Medical Assistance (SS-37 form) for the child. The application is for the category of MA under 21 with the child as applicant and the address being that of the nursing home. When completed, the application is sent to the WSO from which the child's case originated prior to the placement with DFCS or, if the child came from an institution, to the WSO responsible for the community in which the nursing home is located.

In determining eligibility, only the child's income and resources, as well as any support the parent is currently contributing, is to be considered. If determined eligible, there will be no personal needs allowance, as it will be provided by the Division of Family and Children's Services.

(b) For Children Currently Receiving AFDC

The AFDC worker is responsible for removing the multiple handicapped child from the AFDC case and budget by completing an SS9A-TD form in accordance with standard procedures. The parent must complete a Declaration of Need for Medical Assistance (Form SS-37) for the child, which will be in the parent's name. The completed application for MA-under 21 must be submitted to the WSO in which the parent's AFDC case is located.

The application for MA-under 21 is to be processed in accordance with normal procedures. The eligible child is entitled to a personal needs allowance of $40.00 a month. Special handling procedures must be utilized to assure mailing of an ID card and personal needs allowance directly to the child in the nursing home.

(c) For Children Currently Receiving MA-under 21 (Cases in which there are other children in the family for whom benefits are received in addition to the child entering the pediatric nursing home.)

The multiple handicapped child is to be removed from the MA-under 21 case by completion of an SS9A-TD form in accordance with standard procedures. The parent must complete a Declaration of Need for Medical Assistance (Form SS-37) for the child with the child as applicant and the address being that of the nursing home. Application is to be made at the WSO where the parent's MA-under 21 case is located and is to be processed in accordance with normal procedures.

When determining the net income exemption of the family, an exemption for the child in the pediatric nursing home is to be allowed. Any surplus income is to be applied totally to the nursing home bill. This will probably require a change in the MA-under 21 case of the family (to remove the surplus income). The parent is responsible for providing the personal needs of the child in the nursing home. This determination is only for the calender month in which the parents and child separate. In the months following the month of separation the parent's income and resources are not counted for the determination of the patient's eligibility, and the patient paid amount.

(d) For Children Currently Receiving MA-under 21 (Cases in which child entering the pediatric nursing home is the only eligible child.)

Normal MA-under 21 application procedures will be followed with the parent being listed as applicant, and the application being made at the WSO responsible for the community in which the parent resides. When determining the net income exemption of the family, an exemption for the child in the pediatric nursing home is to be allowed. Any surplus income is to be applied to the nursing home bill, and the parent is responsible for providing the personal needs of the child.

If the applicant is not the multiple handicapped child, a Special Handling Card must be obtained from the Boston Regional Office, Department of Public Welfare, Finance Division, 43 Hawkins Street, Boston, Mass. 02202 and completed in order to redirect the Medicaid ID card to the nursing home for the multiple handicapped child.

Admission to Nursing Home

After certification for medical eligibility by DPH and approval for MA by WSO, the Division of Family Health Services, DPH will develop the child's treatment plan and arrange for the child's admission to the pediatric nursing home. A parent or guardian must sign the Parental Consent Form (MHC-1) including the release statement for personal needs allowance, if applicable, before the multiple handicapped child's entrance to pediatric nursing home. The Parental Consent Form will be retained in the child's MA-under 21 record.

Continuing Care

The WSO will redetermine MA eligibility, and process prior approvals for recommended medical care and medical bills according to current MA procedures. The WSO workers are expected to maintain involvement with the child and family to assist DPH in making the necessary arrangements for services, including possible future plans for community or family placement.

The Division of Family Health Services, DPH, is responsible for the supervision of the continuing care of all multiple handicapped children in pediatric nursing homes. DPH will review each child at least every six months, in order to assess the appropriateness of nursing home care and to update the child's treatment plan.

A certified pediatric nursing home is responsible for the care of all multiple handicapped children admitted to the facility. The nursing home is responsible for the use and accounting of the personal needs allowances as determined by Department policies. The nursing home staff shall cooperate with the Division of Family Health Services, DPH, and the Department of Public Welfare in making long-range plans for each multiple handicapped child in care.

DPH may determine that a child no longer requires pediatric nursing home care. DPH will notify the nursing home and parent or guardian of any changes in the child's plan of care. The parent or guardian must notify the WSO responsible for the child's MA-under 21 case that nursing home care is no longer required.

~~covering the town of last residence is responsible for determining and granting assistance to the individual if eligible.~~

i. Special Factors in GR

SL. 291 Application for hospitalization under the GR program is made to the WSO covering the city or town where the person resides. ~~If the person has no residence in the Commonwealth, application is to be made to the WSO covering the city or town where such hospital care is furnished.~~

j. Special Factors in AFDC

When the care of the dependent children is transferred to a new grantee-relative, a new application form must be completed. Only the children for whom aid is being requested are to be listed on the application form. If a new child is added to the family, his name must be entered on the application form.

2. Redetermination of Continuing Eligibility

Redetermination of eligibility is necessary to show that the recipient is continuously eligible for a particular program of assistance and to conform to Federal and State requirements. The periodic determination of continuing eligibility is primarily concerned with reassessing those eligibility factors which are subject to change; namely, deprivation of parental support, living with specified relative, disability, institutional status, real and personal property, insurance, income, other resources and need.

a. Frequency of Redetermination of Continuing Eligibility

Redetermination of continuing eligibility must be made through a personal interview preferably in the home unless this is impracticable or would delay case action at least once within a twelve-month period in OAA, once in every six months in DA, and once in every three months in AFDC.

Redetermination is to be made in MA by the simplified method at least once in every six months.

b. Methods of Redetermination

Methods to be used by the WSO in the redetermination of eligibility are the same as those employed for determining initial eligibility. This means that the recipient shall be the primary source of information and no further exploration is to be made without his prior knowledge and consent as described above in this material under 1. Determination of Initial Eligibility.

i. Project Good Health (PGH)

(1) Introduction

Federal law governing Medical Assistance Programs requires the establishment of a program of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for persons under the age of 21 who are eligible for Medical Assistance. See 42 U.S.C. 1396 (a)(4)(b) and 42 CFR 499.10 (a)(3). Project Good Health (PGH) is the name given to the EPSDT program established in the Massachusetts Medical Assistance Program.

The objectives of the PGH program are: to provide to eligible persons comprehensive and continuous health care designed to prevent illness and disability; to insure early detection and prompt treatment of health problems before they become chronic or cause irreversible damage; and to create an awareness of the availability and value of preventive health care services and encourage maximum participation in the PGH program.

The following regulations describe the duties of Assistance Payments workers in carrying out the PGH program relative to MA-only recipients of Medical Assistance (MA-AFDC, MA-21 and MA-SSID). For corresponding regulations describing the duties of Assistance Payments workers relative to recipients of AFDC, see 6 CHSR III, Subchapter A, Sections 303.41 to 303.45. For regulations describing the duties of Social Service workers relative to PGH recipients generally, see 106 CMR 282.600. For regulations describing the PGH program content and the duties of PGH specialists see 106 CMR 480.000.

(2) Project Good Health - Promotion

PGH outreach is performed by the AP worker for MA-only recipients in the following manner. The Department supplies workers with copies, in appropriate languages, of informational and promotional literature which describe and explain the PGH program. This written material is intended to achieve, so far as possible, the same ends for MA-only recipients as are accomplished for AFDC by the face-to-face communications. The AP worker must enclose outreach literature with each Medical Assistance approval letter to MA-only recipients who are themselves under 21 or have eligible children under age 21.

(3) Assistance to Interested Recipients

For each approved applicant or ongoing recipient who expresses an interest in the program, the AP worker must do the following:

(a) Complete Form PGH-21 as a method of documenting the worker's efforts in meeting Federal requirements of the PGH program and as a tool to ensure program participation and follow-up of interested eligibles.

The worker must have the client sign Form PGH-21. The original PGH-21 form will become part of the client's case record. A copy of the completed form must be sent to the PGH specialist and a copy to Social Services if a SOC-7 referral form has been completed. As PGH information is updated, a copy of Form PGH-21 with the changes recorded on it must be forwarded to the PGH specialist. (The activity of completing the Form PGH-21 will be far more effective when completed in a face-to-face or telephone interview but may be done by mail.)

(b) Provide for copying purposes a list of contracted PGH providers and other Medicaid providers in the recipient's geographic area and offer to assist the person in choosing a provider from the list.

(c) Offer to make health care appointments. If the client has the worker make the appointment, the appointment must occur within 60 days of the request.

(d) Authorize public or private transportation if needed, in accordance with P.A. Policy Manual, Chapter VII, Section Q.

(e) Make a referral to Social Services with the recipient's consent, so that a member of an eligible household can receive supportive counseling, child care services, translation services, or other services which may be available from Social Services and are needed to enable the eligible person to receive PGH services. When a referral is made to Social Services for PGH related services, one copy of the SOC-7 and the PGH-21 must be sent to Social Services, one copy sent to the PGH Specialist and the originals retained in the AP case record.

2. Redetermination of Continuing Eligibility

Redetermination of eligibility is necessary to show that the recipient is continuously eligible for a particular program of assistance and to conform to Federal and State requirements. The periodic determination of continuing eligibility is primarily concerned with reassessing those eligibility factors which are subject to change; namely, deprivation of parental support, living with specified relative, disability, institutional status, real and personal property, insurance, income, other resources and need.

a. Frequency of Redetermination of Continuing Eligibility

Redetermination is to be made in MA by the simplified method at least once in every six months.

b. Methods of Redetermination

Methods to be used by the WSO in the redetermination of eligibility are the same as those employed for determining initial eligibility. This means that the recipient shall be the primary source of information and no further exploration is to be made without his prior knowledge and consent as described above in this material under 1. Determination of Initial Eligibility.

(2) The Department receives a clear written statement that the recipient no longer wishes assistance.

(3) The recipient has been admitted or committed to an institution and (s)he is not eligible for further payments under any category of assistance.

(4) The recipient has been placed in a skilled nursing home, intermediate care facility or chronic hospital.

(5) A recipient's whereabouts are unknown and Department mail directed to that person has been returned by the Post Office indicating no known forwarding address. However, the recipient's check must be made available if his or her whereabouts become known during the payment period covered by the check.

(6) An AFDC child is removed from the home by a court or is voluntarily placed in foster care by the grantee-relative.

(7) A GR recipient starts receiving Supplemental Security Income (SSI) benefits.

Form NFL #11 is to be used in situations where advance notice is not required.

f. Request for Appeal -Reduction, Suspension or Termination of Assistance

A recipient may appeal a Department decision to reduce, suspend or terminate assistance by requesting a fair hearing within thirty (30) days of official notice of action. The request must be made in writing. There is an appeal form on the reverse side of the NFLs #1, 10 and 11 for the convenience of the recipient. A recipient of Medicaid is allowed sixty (60) days to appeal.

The Division of Hearings shall deny or dismiss a request for a hearing where:

(1) It has been withdrawn in writing by the recipient.

(2) The recipient without good cause fails to appear himself or by authorized representative at the scheduled hearing.

(3) The sole issue is one of State or Federal law requiring automatic grant adjustments for classes of recipients.

g. Continuation or Reinstatement of Assistance

If the recipient requests a fair hearing in writing and the request is

received by the Division of Hearings (DOH) within the advance notice period, assistance will be continued pending the results of the fair hearing. In those situations that do not require advance notice, if the recipient requests a fair hearing in writing and it is received by DOH within 10 days of the notice of the action (NFL #11), assistance will be reinstated pending the results of the fair hearing.

Recipients of General Relief are entitled to continuation of assistance if they request a fair hearing in writing and it is received by DOH within the advance notice period or reinstatement of termination of assistance if they request a fair hearing in writing and it is received by DOH within the 30 day appeal period. Assistance shall be continued until a decision is rendered after the fair hearing.

Assistance shall be continued through the end of the month in which a decision is rendered after the fair hearing unless:

(1) A determination is made at the fair hearing that the sole issue is one of State or Federal law or policy, or change in State or Federal law, and not one of incorrect grant computation.

(2) A change affecting the recipient's grant occurs while the hearing decision is pending and the recipient fails to request a hearing after notice of that change.

Such assistance given pending an appeal decision shall be subject to later recov-recovery by the Department if its action is sustained by the appeal decision.

The policy to continue assistance during the period of appeal does not apply to any appeal to a court or when assistance has been granted on a presumption of eligibility and subsequent information reveals that the recipient is ineligible.

3. Use of Notification Form Letters

To notify the applicant or recipient of action taken by the WSO, Notification Form Letters should be used as follows:

NFL #1 - to notify recipient of termination of assistance.

NFL #4 - to notify applicant that his application for assistance has been approved.

NFL #5 - to notify applicant that his application for assistance has been denied.

NFL #6 - to notify recipient of an increase in assistance.

NFL #7 - to notify recipient that his case has been transferred.

NFL #8 - to notify applicant for Medical Assistance that he has excess income.

NFL #9 - to notify applicant that application for Emergency Assistance has been approved or disapproved.

NFL #10 - to notify recipient of reduction of assistance.

NFL #11 - to notify recipient of termination, suspension or reduction of assistance when advance notice is not required.

NFL #12 - to notify applicant or recipient of implementation of appeal decision.

All notification Form Letters must be prepared in duplicate, except as noted below, with a copy remaining in the case record. The letters must contain the following:

(a) the date

(b) the name and address of the applicant or recipient

(c) the appropriate MA block on Form NFL #1 or NFL #11 must be checked

(d) the Food Stamp purchase requirement and coupon allotment blanks must be completed on NFL #10 or NFL #11. If not applicable, insert NA.

(e) a clear and adequate summary of the basis for reduction or termination

(f) the appropriate manual citation

NFL #1, NFL #10 and NFL #11 must be prepared in quadruplicate; 2 copies go to the client, 1 copy remains in the case record, and one copy goes to the RDCU Closing Clerk.

(a) NFL #1, #10 and #11 must be signed by the Social Worker and the Supervisor.

(b) The blocks at the bottom of each of these forms must be completed.

Eligibility for assistance under Chapter 117 of the General Laws is established in accordance with the requirements of Chapter I, Section D of this Manual.

Applications under the General Relief program are to be made at the WSO covering the city or town where the person resides.

In determining initial and continuing eligibility, recognition must be given to the right and obligation of the applicant or recipient to be a responsible participant in the process and that a client-agency relationship based on mutual respect must be established.

A determination regarding eligibility or non-eligibility must be made within two weeks of the date of an application and the applicant notified of such determination by certified mail.

I. Application for GR

An application for GR must be made in writing on a Determination of Eligibility for General Relief (Form SS-6). The form must be dated and signed by the applicant. All information requested on the form must be supplied by the applicant.

An application for burial may be made by a third party for any deceased person who was not a recipient of GR at the time of death.

A. All applications for GR are to be processed immediately, or within 24 hours, excluding weekends and holidays.

B. If the WSO is unable to meet this time limit then an AP worker or a member of the supervisory staff must within 24 hours:

1. Establish a logging process which shall include the applicant's name, address and telephone number. The purpose of this log is to establish both the date of initial eligibility for assistance and the start of the application process.

2. Ask the applicant if (s)he is in immediate need of food, shelter (including rent, fuel and utilities) or medical care. If (s)he is, an AP worker must interview the applicant and, if (s)he appears to be eligible for GR, inform the applicant of the option to receive an advance on the GR assistance payment in the form of vouchers for shelter (including rent, fuel and utilities). If the applicant expresses a need for food then (s)he is to be provided an over-the-counter Authorization to Purchase (ATP), if eligible in accordance with Food Stamp Regulations outlined in Supplement VII of the Food Stamp Handbook.

If the applicant is in need of food and is not eligible for an over-the-counter ATP then an advance on the GR payment in the form of a voucher may be provided. Whenever a voucher is provided for either

shelter or food, then the value of the voucher(s) is to be deducted from the initial retroactive payment(s) for the period from the date of application for assistance to the date of issuance of the first regular assistance payment.

A Temporary Medicaid Eligibility Card (Form ID-2), if needed, shall be provided according to Department policies.

3. Inform the applicant of the steps which (s)he must take to determine the eligibility for assistance by providing a list of the information and verifications needed.

4. If other interviews are necessary to complete the determination of eligibility they should be set up in a timely manner to meet the present policy requirements (Chapter II, Section B) that the eligibility determination be made within fourteen (14) calendar days and that receipt of the initial money payment occur within an additional eight (8) calendar days.

II. Determination of Initial Eligibility

In order for an applicant to receive any assistance under the GR program eligibility must first be established in accordance with current Department policies contained in the Public Assistance Policy Manual. No person who renders himself voluntarily unemployed without just cause shall be eligible for General Relief.

III. Ineligible Persons

A determination must be made by the worker if the applicant or dependent is ineligible for GR because (s)he is one of the persons described in Chapter I, Section D, Item VIII, Ineligible Persons of this Manual.

IV. Determination of Employability

All applicants for General Relief must be classified as Employable or Non-Employable in accordance with the standards in Chapter I, Section D, Item IX. Form DES-1 is to be used to record the decision and, if unemployable, the unemployability code.

Upon application for General Relief, the WSO immediately shall take steps to determine the applicant's status as Employable or Non-Employable.

The WSO shall advise the applicant of the criteria used to determine whether (a) (s)he is Employable or Non-Employable and the steps the applicant can take if (b) (s)he believes that (s)he is Non-Employable. If the applicant claims to be Non-Employable, (s)he will be notified that (s)he has two (2) weeks from the date of application to furnish the WSO with appropriate verification. If the applicant furnishes the appropriate verification, (s)he will be determined to be Non-Employable. If the required verification is not furnished within two

(2) weeks, the applicant will be notified that (s)he is not eligible for GR, unless the applicant has a dependent child(ren) under the age of eighteen (18) living in the home.

V. Responsibility of Employable Recipients

Employable recipients or dependents who are required to register with DES for employment services must maintain such DES registration monthly to continue eligibility for GR. Proof of DES registration in the current month (on DES Form 2988) must be submitted to the WSO no later than the 5th working day of each month. The WSO must maintain a separate tickler file to verify the monthly registration.

If the worker determines that an employable recipient or dependent without good cause refused a job referral or offer, or training or other DES service or failed to report to a job, the individual will be notified in writing that GR is being terminated on account of the refusal to accept a job referral, job offer or other service without good cause. The procedures of termination are contained in Chapter II, Section A, of this Manual.

Employable recipients have an obligation to seek employment by their own efforts in addition to registering for DES services. They must also report to the WSO information with respect to job offers or referrals from any source.

A statement of wages for the eight weeks immediately proceeding the date of application must be submitted for any applicant or dependent gainfully employed.

A recipient with dependent children whose earnings are less than the GR budget will be supplemented by GR to the extent of the budgeted standard for the family. The recipient must submit wage stubs in sufficient quantity to indicate the average hours worked per week, gross income and any deductions. A written statement from the employer giving the same information may be used for the verification.

VI. Non-Employable Recipients

Recipients determined Non-Employable will receive assistance semi-monthly by mail in accordance with appropriate provisions of the Standards of Assistance and eligibility must be redetermined in accordance with current policy. If the WSO plans to reclassify a Non-Employable recipient as employable without his agreement, the procedures contained in Chapter II, Section A, of this Manual are to be followed.

Workers must classify Non-Employable recipients based on the following material:

CODE	REASON FOR UNEMPLOYABILITY
1	Under 19 years of age and attending grade or high school full-time
2	Full-time employment
3	Part-time employment within physical limitations
4	Mental incapacity
5	Permanent physical incapacity
6	Temporary physical incapacity
7	Caring for children under high school age
8	Caring for incapacitated family member
9	Other

Code 9 is to be used for any case for which there is no appropriate employability code.

VII. Completion of Eligibility Determination

Within two weeks of the date of application all verifications necessary to determine eligibility must be submitted by the applicant or obtained by a worker if the applicant is disabled and has no able dependent available.

If there is reason to question the completeness or correctness of information given on the application, additional data must be obtained by the social worker through circularizing banks, requesting verifications from assessors, employers, and all other possible sources of information.

If an applicant or recipient fails to provide sufficient information or verifications to enable the worker to determine eligibility assistance must be denied or terminated on the basis that the individual unreasonably refuses to cooperate in establishing eligibility and need.

VIII. Redetermination of Eligibility

The periodic determination of continuing eligibility is primarily concerned with reassessing those eligibility factors which are subject to change namely, employability, deprivation of support, family composition, disability, real and personal property, income, other resources and need.

The continuing eligibility of each recipient shall be redetermined:

(a) at the end of the eightieth day following an initial determination of eligibility.

(b) prior to the expiration of each subsequent ninety-day period.

(c) when required on the basis of information obtained previously regarding anticipated changes in a recipient's circumstances.

(d) when a report is obtained from any source which indicates that changes in the recipient's circumstances may affect the amount of assistance to which (s)he is entitled or may make him/her ineligible.

IX. Protective Payments

General Relief recipients, both employable and non-employable, who have demonstrated an inability to meet their basic needs through regular semi-monthly assistance grants will have such needs met within the Standards of Assistance, either wholly or partially, by vouchers or by vendor payments.

X. Advance Notice and Request for Appeal - Reduction or Termination of Assistance

The procedures relative to the continuance of assistance during the advance notice period and during the period of an appeal which are outlined in Section A of this Chapter shall also apply to the General Relief Program.

VI. Non-Employable Recipients

Recipients determined Non-Employable will receive assistance semi-monthly by mail in accordance with appropriate provisions of the Standards of Assistance and eligibility must be redetermined in accordance with current policy. If the CSA/WSO plans to reclassify a Non-Employable recipient as employable without his agreement, the procedures contained in Chapter II, Section A, of this Manual are to be followed.

Workers must classify Non-Employable recipients based on the following material:

CODE	REASON FOR UNEMPLOYABILITY
1	Under 19 years of age and attending grade or high school full-time
2	Full-time employment
3	Part-time employment within physical limitations
4	Mental incapacity
5	Permanent physical incapacity
6	Temporary physical incapacity
7	Caring for children under high school age
8	Caring for incapacitated family member
9	Other

Code 9 is to be used for any case for which there is no appropriate employability code.

VII. Completion of Eligibility Determination

Within two weeks of the date of application a personal interview is required in the home of the applicant. The interview is required in order to establish to the satisfaction of the worker that the actual facts of the case are consistent with the statements on the application concerning income, resources, residence and circumstances.

All verifications necessary to determine eligibility must be submitted by the applicant or obtained by a worker if the applicant is disabled and has no able dependent available.

The CSA/WSO Director, upon review and approval of the Regional Manager, may waive the requirement of an interview in the home of the applicant or recipient when there are sound and compelling reasons to do so. In all such instances, there must be a personal interview with the applicant or recipient.

If the social worker has reason to believe that the information given on the application is incorrect or incomplete he or she shall obtain verifying information from banks, assessors, employers and all other possible sources of information. (See Chapter II, Section A, Page 4)

If an applicant or recipient fails to provide sufficient information or verifications to enable the worker to determine eligibility assistance must be denied or terminated on the basis that the individual unreasonably refuses to cooperate in establishing eligibility and need.

VIII. Redetermination of Eligibility

The periodic determination of continuing eligibility is primarily concerned with reassessing those eligibility factors which are subject to change namely, employability, deprivation of support, family composition, disability, real and personal property, income, other resources and need.

Redetermination of eligibility must be made through a personal interview in the home of the recipient, except as provided below:

The CSA/WSO Director, upon review and approval of the Regional Manager, may waive the requirement of an interview in the home of the applicant or recipient when there are sound and compelling reasons to do so. In all such instances, there must be a personal interview with the applicant or recipient.

The continuing eligibility of each recipient shall be redetermined:

(a) at the end of the eightieth day following an initial determination of eligibility.

(b) prior to the expiration of each subsequent ninety-day period.

(c) when required on the basis of information obtained previously regarding anticipated changes in a recipient's circumstances.

(d) when a report is obtained from any source which indicates that changes in the recipient's circumstances may affect the amount of assistance to which (s)he is entitled or may make him/her ineligible.

(e) when a case is transferred from one CSA/WSO to another.

IX. Protective Payments

General Relief recipients, both employable and non-employable, who have demonstrated an inability to meet their basic needs through regular semi-monthly assistance grants will have such needs met within the Standards of Assistance, either wholly or partially, by vouchers or by vendor payments.

X. Advance Notice and Request for Appeal - Reduction or Termination of Assistance

The procedures relative to the continuance of assistance during the advance notice period and during the period of an appeal which are outlined in Section A of this Chapter shall also apply to the General Relief Program.

Eligibility for assistance under Chapter 118E of the General Laws is established in accordance with the requirements of Chapter I, Section F of this Manual.

In determining initial or continuing eligibility, recognition is given to the right and obligation of the applicant or recipient to be a responsible participant in the process and to the fact that the objectives of the program can only be achieved through a client/agency relationship based on mutual respect.

A determination of eligibility or non-eligibility is based on factual information provided by the applicant or recipient in accordance with the requirements of the MA Program. Reliance is placed upon the applicant or recipient as the primary source of information and for required verifications to establish initial or continuing eligibility. It may be necessary at times to contact secondary sources when information is incomplete, inconsistent or contradictory. Whenever it is necessary to contact secondary sources the applicant's or recipient's permission to do so shall be required. If such permission is not granted by the applicant or recipient eligibility or continuing eligibility cannot be established.

Determinations of eligibility or non-eligibility for assistance under the MA Program are to be based on need and established in accordance with the eligibility requirements described in Chapter I, Section F of this Manual and in accordance with the Standards of Assistance described in Chapter IV and other related sections.

I. Applications for MA

Applications for MA must be made in writing on Form SS-37, Declaration of Need for Medical Assistance and Form SS-37A, Declaration of Retroactive Need for Medical Assistance. They must be signed by the applicants or by persons acting responsibly in their behalf. An institution furnishing care shall have the right to make applications in behalf of medically needy persons.

Applications made on the prescribed forms with an accompanying signature shall be filed at the WSO providing such service to the community in which the applicant resides except as otherwise specified in this Manual, e.g. long term care.

Application forms for MA will be provided by a WSO to any person(s) or institution(s) desiring to make application. Requests for application forms may be made in person, by mail, or by telephone.

II. Determining Initial Eligibility

A. Date of Application

The date of application for MA shall be the date on which a signed Form SS-37 is received in the WSO.

B. Date of Eligibility

The effective date of eligibility shall be the earliest day of the month of application on which the applicant met all eligibility requirements and may be as early as the first day of that month.

C. Date of Retroactive Eligibility

The effective date of retroactive eligibility shall be the earliest day of the three calendar month period immediately prior to the month of application on which the applicant met all the eligibility requirements and may be as early as the first day of the third calendar month immediately prior to the month of date of application. This coverage shall also include and make provision for the filing of applications for deceased persons.

D. Date of Decision

A decision of eligibility or non-eligibility is to be made within a reasonable time not to exceed 30 days from the date of application except in unusual circumstances, e.g. delay on the part of the applicant or an examining physician. The cause of delay must be recorded in the case record.

E. Notice of Decision

A written notice of decision must be sent to all applicants promptly. When the application is made by an institution, notice must be sent both to the named applicant and the institution. The appropriate prescribed notification form letters must be used for this purpose.

III. Exceptional Application Procedures

A. Applications for AFDC or SSI

Applicants for AFDC and SSI need not file form SS-37 to apply for MA. If found eligible for AFDC or SSI they will be eligible for MA. If denied AFDC or SSI they will be notified of their right to apply for MA by Department form NFL #5 for AFDC and Social Security Administration form SSA 8030 for SSI. Form SS-37 shall be used for these applications. The dates of applications for MA shall be the dates of the AFDC or SSI applications.

As an exception to the above, applications on form SS-37 shall be accepted on behalf of patients in acute hospitals who are incurring expense for Administratively Necessary Days (AND's) and are awaiting final determination of eligibility for SSI.
Ref: Chapter VII, Sec. C, Part 1, Page 6, IV. ADMINISTRATIVELY NECESSARY DAYS

If retroactive Medical Assistance is needed, a separate Form SS-37A is required and must be filed at the WSO.

The following is a list of situations in which either Form SS-37 alone, or Form SS-37A alone or a combination of the two Forms SS-37 and SS-37A will be necessary in order to establish eligibility for MA.

Applicant	Form(s) Required
1. Approved by SSA for SSI	No MA application required
2. Approved by SSA for SSI and seeking to establish retroactive eligibility	Form SS-37A (Declaration of Retroactive Need for Medical Assistance)
3. Denied by SSA for SSI due to excess income or resources	Form SS-37 (Declaration of Need for Medical Assistance)
4. Denied by SSA for SSI and seeking to establish retroactive eligibility	Forms SS-37 and SS-37A
5. Denied by SSA for SSI due to lack of medical evidence	*No eligibility for MA
6. Approved for AFDC	No MA application required
7. Approved for AFDC and seeking to establish retroactive eligibility	Form SS-37A
8. Denied AFDC and seeking to establish MA eligibility and retroactive eligibility	Form SS-37 and Form SS-37A
9. Applying for MA only	Form SS-37
10. Applying for MA and seeking to establish retroactive eligibility	Forms SS-37 and SS-37A

*The only recourse in this situation would be to have applicant apply for and meet the eligibility requirement of the General Relief Program.

In this event we will take the date of the SSI application to be the date of the GR application.

B. Applications for MA by Disabled Persons

Disabled persons who would be eligible for SSI except for excessive income or resources or, who choose not to apply for SSI have a right to apply for and may be eligible for MA as related to SSI - Disabled. They shall be required to meet the eligibility requirements described in Chapters I and IV of this Manual and provide medical evidence to substantiate their claim of disability. The nature and extent of the disability shall be in conformity with the standard established by SSA for the SSI - Disabled.

Consistent with this standard, disability shall mean: "Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve (12) months." Any medical information that supports this definition shall be obtained through the co-operative efforts of client and worker and submitted to the State Medical Review Team (SMRT) for a medical decision.

In reviewing the information submitted, the SMRT will be looking for evidence that the physical or mental impairment is an impairment that results from anatomical, physiological or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques. Statements of the applicant including his own description of his impairment (symptoms) are, alone, insufficient to establish the presence of a physical or mental impairment. A physician's statement without substantiating data stating that the applicant is disabled is insufficient to determine that an impairment is present.

In making its decision relative to disability, the SMRT standard for determination of disability is based upon Social Security Administration Regulations contained in the handbook "Disability Evaluation Under Social Security - A Handbook For Physicians." The determination of whether a person is disabled under Social Security statute requires two separate judgements. The first is an assessment of a person's remaining capacity to perform physical or mental activities. The second is an assessment of the physical capacity demands of a group of jobs which fall within a client's vocational spectrum. When remaining capacity to perform is less than the demands of the job, the client is disabled. Such assessments require a qualification of both capacity to perform and vocational demands. Compilation of the evaluation criteria are listed in the handbook "Disability Evaluation Under Social Security".

Provisions shall be made by the Department to pay for any reasonable costs (in accordance with the Medical Care Plan) directly related to the requirement of presenting medical evidence to substantiate disability. Such costs may include physician's fees for examinations and reports and laboratory and x-ray fees. Payment of such fees will be authorized only after the applicant has been determined <u>financially eligible</u>.

C. <u>Applications for MA by Title II OASDI Beneficiaries</u>

Persons who are determined to be disabled under Title II OASDI (Social Security Disability) and who do not choose to apply for SSI or who do not meet SSI Initial Eligibility standards may be eligible for MA as related to SSI-Disabled provided they meet the requirements of the MA Program.

This group of applicants need only meet the other eligibility requirements. Their disability has already been medically determined by SSA and, shall not require SMRT approval as long as OASDI benefits continue.

D. Applications for MA Related to AFDC By Unemployed Parents

Applications for MA related to AFDC may be made by unemployed or under employed parents in receipt of Unemployment Compensation or who otherwise qualify as unemployed or under employed parents according to the AFDC regulations. Eligibility for MA shall be extended to the parents as well as the dependent children under age twenty-one (21) provided all the requirements of the MA Program are met.

E. Applications for MA by Persons 65 Years of Age or Over in State Mental Hospitals

Whenever persons 65 years of age or over are admitted to a State Mental Hospital (SMH) and are in need of MA, the mental health designee at the SMH shall complete Form SS-37 and submit it to the Regional Office (RO) servicing the hospital for processing. The SMH shall also be required to submit a medical report and social history along with the application form. The mental health designee and RO shall have the same responsibilities for those SMH residents who reach age 65 after admission and are in need of MA.

For aged SMH patients who are not receiving MA at the time of contemplated discharge from a SMH, the following procedures shll be required:

1. Discharge to a Community Residence - The mental health designee shall complete a Form SS-37 and forward it to the WSO/CSA servicing the community residence for processing.

2. Discharge to a Nursing Home - The mental health designee shall complete a Form SS-37 and forward it to the designated WSO/CSA for processing.

F. Applications for MA by Disabled State Mental Hospital Patients

Applications for MA for disabled State Mental Hospital patients shall be accepted by the Department only when such applicants are to be discharged from the hospital, or, require acute in-patient hospital medical services outside the institution.

The following procedures will be required:

1. Discharge to a Community Residence - The mental health designee shall complete Form SS-37, a medical report signed by a physician and social history and forward them to the WSO/CSA servicing the community in which the applicant shall reside, for processing.

2. Discharge to a Nursing Home - The mental health designee shall complete Form SS-37, a medical report signed by a physician and a social history and forward them to the designated WSO/CSA for processing.

3. Discharge for In-Patient Hospital Services Outside the SMH - Same as (2) above.

G. Applications for MA for Children Requiring Pediatric Nursing Home Care

Whenever the Department of Public Health (Division of Family Health Services) has medically certified that a multiple handicapped child under age twenty-one (21) is in need of pediatric nursing home care, an application, will be processed in the following manner:

1. For Children in the Care of the Department - The Social Services Worker shall complete Form SS-37 in behalf of the child with the child's name appearing as the applicant. The worker shall then submit the application and DPH notification form to the WSO/CSA servicing the community in which the child previously resided, or, if the child was in an institution prior to placement, to the WSO/CSA servicing the community where the pediatric nursing home is located.

2. For Children Currently Receiving AFDC - The parent or grantee-relative shall be responsible for completing Form SS-37 in the name of the parent or grantee-relative and the application, along with the DPH notification, shall be processed by the WSO/CSA providing AFDC.

3. For Children Currently Receiving SSI - A separate application shall not be required.

4. For Other Categorically Related (MA Under 21) Children - The Form SS-37 shall be completed by the parent or guardian in the name of the child and the Form SS-37 accompanied by the DPH notification form shall be filed for processing at the WSO/CSA where the parent or guardian resides. Whenever there are other eligible dependents in the same family group, there shall be a separate Form SS-37 in the name of the parent or guardian.

In all instances above, determination of eligibility for MA shall be made in accordance with procedures outlined in Chapter II, Section A of this manual.

H. Applications for MA for Children in Private Foster Care

Medical Assistance shall be available to the same extent for children in private foster care as it is for children in the care of the Department - if they are under age twenty-one, they are living outside the home of their parent(s) and they are in need of Medical Assistance. This group shall also include pregnant unwed mothers under age twenty-one (21).

Eligibility for such children shall be determined by the AP worker in accordance with existing MA policies and procedures relating to determination of eligibility for assistance for MA Under-21.

Applications under these provisions shall be made in the name of the child for whom assistance is requested and may be made in his/her behalf by the private foster care agency acting as a responsible representative. The place of application shall be the WSO/CSA servicing the community in which the private foster care agency is located.

In determining eligibility, only the child's income and resources as well as any support contributed by parent(s) will be considered as available. This information and all other relevant eligibility data will be furnished on a Declaration of Need for Medical Assistance (Form SS-37) and be subject to the prescribed verification practices. A Form SS-9A TD (Authorization for Grant, Medical, and Food Stamp Assistance) shall also be completed in the prescribed manner and all applicants covered under these provisions placed in Category 8 (MA Under 21).

I. Applications for MA By Families With An SSI-Related Parent

In accordance with the provisions of Chapter II, Section A, Page 3, d. Decision of the Individual to Apply and Chapter IV, Section B, Page 11, f. Benefits Under Supplemental Security Income (Title XVI), the WSO has the responsibility to inform all families applying for MA with a parent related to SSI that two eligibility options are available to them.

1. The SSI-related parent may apply as an individual related to SSI and the remaining parent and children as related to AFDC or Under 21. This option is available only when the WSO can determine that the SSI-related parent will be incurring medical expenses and that any available surplus income (s)he may have will not be sufficient to meet such expenses.

2. The SSI-related parent may be considered along with the other parent and children and apply as a family related to AFDC.

Option 1

If this option is selected, two separate applications on Form SS-37 are to be completed, one for the SSI-related parent and one for the other parent and children. The SSI-related parent is not to be considered an AFDC-related family member. All of his/her income and resources are to be considered in determining his/her eligibility as an individual and not in determining the eligibility of the other parent and children.

The one (1) person exemption figure shall be used in determining eligibility for MA for the SSI-related parent and the appropriate exemption figure for the number of remaining family members applying as AFDC related or MA Under 21.

Example - A disabled father receives OASDI Benefits of $662.00 monthly. He receives $362.00 for himself and $100 each for his wife and two children. Under Option 1, the determination of eligibility would be illustrated as follows:

SSI - Related Parent

TOTAL MONTHLY INCOME	-	$362.00
LESS DISREGARD	-	-20.00
COUNTABLE INCOME	-	$342.00
LESS MA EXEMPTION (1)	-	-292.00
MONTHLY SURPLUS	-	$ 50.00
CLOSED END PERIOD	-	x 6 months
TOTAL SURPLUS	-	$300.00

(Father has $300.00 Surplus)

AFDC or Under 21 Related (parent and two children)

TOTAL MONTHLY INCOME	-	$300.00
LESS MA EXEMPTION (3)	-	390.00

(Parent and children eligible as AFDC-related, or, persons Under 21 are eligible with no surplus)

Option 2

If this option is selected, only one Form SS-37 is required. All available income and resources of the family including the SSI-related parent is to be considered in determining eligibility of both parents and the children as an AFDC-related unit.

The same family group represented in the example under Option 1, would be illustrated as follows if they were to apply for MA as a family related to AFDC:

AFDC Related (father, mother, and two children)

TOTAL AVAILABLE FAMILY MONTHLY INCOME	-	$662.00
LESS MA EXEMPTION (4)	-	-440.00
MONTHLY SURPLUS	-	$222.00
CLOSED END PERIOD	-	x 6 months
TOTAL SURPLUS	-	$1332.00

Whenever an SSI-related parent exercises his/her option and chooses to apply under the first option, there shall be no provision within this policy to transfer surplus income from one unit to another to balance off or eliminate surpluses wherever they result.

J. Applications for MA By Individuals and Families Referred to SSI or AFDC

All applicants for MA who appear to be eligible for SSI or AFDC shall be informed of their potential eligibility for assistance and appropriately referred should they decide to apply. Such applicants shall also be informed by the WSO that should they decide not to apply for SSI or AFDC that such a decision shall not be a bar to their opportunity to apply for MA.

In instances where applicants do not accept a referral for SSI or AFDC, or, do not follow-up on the referral for financial assistance, applications on Form SS-37 and SS-37A will be accepted and processed by the WSO.

Although it has generally been accepted that people are essentially honest in their dealings with boards of public welfare, it must be recognized that there are exceptions to this principle among persons applying for or receiving public assistance. To control and prevent fraud, boards of public welfare must consider the following:

1. Definition

The Massachusetts Supreme Court has defined fraud as follows: "A fraud may be defined to be any artifice whereby he who practices it gains, or attempts to gain, some undue advantage to himself, or to work some wrong or do some injury to another, by means of a representation which he knows to be false, or of an act which he knows to be against right or in violation of some positive duty." (Commonwealth vs Tuckerman in 1857, 10 Gray 173, page 203)

For the purpose of public assistance programs in Massachusetts, the restatement of the Supreme Court decision shall mean that any assistance payment or any part of any assistance payment which is obtained by a person who knowingly makes false statements, or representations, or uses other fraudulent devices, or fails to reveal resources or income shall be presumed to be a payment that was received through fraud.

2. Prevention

The major steps to be taken in preventing fraud are:

a. Give to the individual at time of application a meticulous explanation of the eligibility requirements, the purpose of public assistance, and the necessity for investigation.

b. Careful and complete exploration with the applicant of all income and resources, ~~giving him a clear understanding that these are to be verified by the board of public welfare.~~ (SL 225)

c. Providing applicant with the Informational Pamphlet and giving careful explanation as to his duties and responsibilities in reporting immediately to the board of public welfare any changes affecting his eligibility status, especially changes in income and resources.

d. On each re-investigation visit, review with recipient all eligibility requirements subject to change. At each revisit, the recipient shall again be made aware of his responsibility to report changes in eligibility as they occur. This is especially important when the social worker has an awareness of inability or confusion on the part of the recipient regarding resources due to age, mental incapacity or infirmity.

e. Adequate case recording of contacts and visits with the recipient, showing that he has been continually made aware of his responsibility in reporting to the board of public welfare any changes in eligibility status.

3. Identification and Investigation of Suspected Fraud

There may be a limited number of cases in which the board of public welfare has reason to suspect possible fraud that will require a more complete investigation. In such cases consideration must be given to the following:

a. Identification

The board of public welfare would have reasonable cause to suspect fraud when there is reluctance on the part of the individual to give accurate and complete information or to assist the board of public welfare in securing facts pertaining to his eligibility; when the conduct and manner of living of the recipient is not consistent with the amount of his assistance grant, when employable members of the family are continually absent from the home without satisfactory explanation; when there are oral or written complaints or assertions by persons indicating possible ineligibility, etc.

b. Investigation

When there is reasonable cause to suspect possible fraud, the following procedures shall be applicable. All exploration is to be carried on with respect for the individual's constitutional and other legal rights.

(1) There must be a complete exploration of the basis of the suspicion with the recipient.

(2) A full and complete investigation of all the circumstances related to the suspicion of fraud. This might include circularization of banks, contacting possible employers, reviewing insurance holdings, etc.

(3) A redetermination of all eligibility factors that are subject to change as described in Chapter I.

(4) The results of the investigation should indicate clearly that there is definite and willful misrepresentation of eligibility before the board of public welfare makes a determination that fraud has been committed.

4. Referral to Department

When fraud has been committed the Department shall be responsible for the final determination to take action in all categories.

The following procedure shall be applicable when the board of public welfare has investigated and determined that a fraud has been committed:

a. The Director of the board of public welfare shall be responsible for the decision that there is a basis for belief that a fraud has been committed.

b. A complete report of the basis for fraud whereby this decision was made is to be prepared and referred for review and decision to the District Office. The responsibility for decisions that individual case situations are to be referred to law enforcement officials rests with the Director of the District Office.

c. When approved by the Department action is to be commenced by the board of public welfare within 30 days.

d. Boards of public welfare must maintain a record of all cases submitted to the Department which shall be supported by adequate documentation in the case record. This information shall be readily available for Federal and State review and for periodic reports as required.

e. The Department shall be notified by the board of public welfare of any civil action commenced to recover money fraudulently received by a recipient.

5. Fraud at Time of Application

In accordance with the General Laws and the rules of the Department, no applicant for OAA, AFDC, DA, or MAA who knowingly makes any false statement or seeks to perpetrate any fraud or deception in or relative to his application for such assistance shall be granted any assistance upon such application, nor shall he be eligible for one year thereafter to make further application for MAA or DA.

Before a determination of fraud is made the criteria for identification and investigation of suspected fraud outlined above should be the basis for such a decision. Cases involving applicant fraud are not to be referred to the Department unless an assistance payment has been made.

Massachusetts statutes place responsibility on this Department for providing those services necessary to assure that parents including those absent from the home, assume responsibility for the support and care of their children who are recipients of public assistance.

In those situations where parents are not members of the same household the following objectives are to be achieved whenever possible:

Reunite families which are separated with a view to full financial independence.

Establish paternity when possible and desirable.

Secure financial support from absent parents for the care of their children.

The family social worker shall evaluate each assigned case and with the participation of the parents arrive at a decision which is socially desirable and in the best interest of the children. The material contained in Section A of Chapter V of this manual will serve as a guide to social work staff in carrying out this responsibility. The family social worker has the responsibility as an ongoing process to contact and see personally if possible any absent parent who lives within the area of the WSO in order to involve the parent in planning for his family.

1. Financial Support

During the interview with the absent parent the family social worker will make a determination of his capacity and potential to support. If he lives in another community within the State the WSO responsible for servicing that community will be asked to interview the parent and make a determination of his capacity and potential to support. When there are indications that the parent could benefit by the use of community resources he should be referred, as the need determines, to health resources, training programs and employment opportunities.

When a parent resides out of the State the family social worker will refer the case on Form 23 to the social worker acting as the court worker for the WSO who will commence support proceedings by having a petition filed in the District Court having the residence of the recipient within its judicial district in accordance with the provisions of the Uniform Reciprocal Enforcement of Support Act, Chapter 273A of the General Laws.

a. Voluntary Agreements

When there is no court order for support and determination has been made that the parent may have available net income to contribute to the support of his dependents receiving public assistance the family social worker must when it is possible, develop a voluntary support agreement.

In order to determine the amount of net income that such parent may have available to be considered in a voluntary agreement to support an exemption of $180 a month of his net income is to be retained by the individual for his maintenance and an additional exemption of $56 a month for each additional dependent for whom he has a liability and is providing support excluding those dependents who are receiving public assistance. Net income is to be determined in accordance with the procedures outlined in Section B of Chapter IV of this manual.

If the parent has available resources in excess of his own needs and the needs of his dependents for whom he is providing support he will be asked by the family social worker to sign a voluntary agreement to pay to the Department toward the support of his dependents receiving public assistance. The agreement shall state the amount to be voluntarily contributed and that such amount is to be made payable to the Massachusetts Department of Public Welfare and sent to the WSO. The dates and amounts of the support payments are to be recorded on the Location and Support Card Form 24.

The case record must clearly reflect the effort to involve the parent in the support of his dependents and what agreements, if any, were finalized. The Parent's Support Agreement Form A-25 is to be filed in the case record.

When a determination has been made that the parent has available net income to contribute toward the support of his dependents but refuses to enter into a voluntary agreement or fails to comply with his voluntary agreement without good reason the family social worker will refer the case on Form A-23 to the social worker acting as the court worker for the WSO for review for court action.

b. Support by Court Order

When there has been an order to support in either the Probate or the District Court a copy of the order is to be obtained by the family social worker and filed in the case record. The dates and amounts of the support payments are to be recorded on the Location and Support Card Form 24.

Section 21 of Chapter 18 of the General Laws provides that the Department shall have the right to initiate non-support proceedings to the extent of any support or maintenance payments made by the Department to a recipient.

Probate Court orders for support (divorce or legal separation) which are not being complied with shall be reviewed and reasonable attempts made to ascertain the reasons for failure to comply. If resources are available, as determined by the family social worker and non-compliance with the court order continues for a period of twenty-one (21) days following the determination of ability to pay the family social worker must refer the case to the WSO court worker on Form A-23.

Trans. by S.L. 263

The court worker must initiate contempt proceedings in the name of the recipient at the Probate Court where the original action took place.

When there is no court order for support and the parent refuses to enter into a voluntary agreement the court worker will review the referral from the family social worker and with the consent of the WSO Director or his designee apply for a complaint and initiate non-support proceedings in the District Court having the residence of the recipient within its judicial district.

2. Establishing Paternity

Since the objectives are related to the responsibilities of parents, special consideration must be given when the absence of a father is caused by the fact that the child was born out of wedlock. Although there can be no absolute rule that paternity must be established in every case it is desirable that this be done whenever possible. If paternity is not established there must be a complete record in the case history of the reason why it was not done and the facts on which the decision was based. There must be involvement of the mother in any court adjudication of paternity. If the putative father is adjudicated through the court there must be verification of the name of the court, the date of the decision and the order for support.

A private notarized statement from the father is acceptable if it acknowledges paternity and there is agreement to pay reasonable support.

3. Location of Absent Parents

When the whereabouts of an absent parent is unknown the family social worker must make all reasonable efforts and use all sources of information to locate the absent parent regardless of his status, i.e., deserted, separated (with or without court decree), divorced or adjudicated father. Chapter 118 of the General Laws provides that in the case of an absent parent information as to his location must be given in writing when known by the applicant or recipient under the penalties of perjury. When information is not available from the recipient, the family social worker must obtain it from other sources. Other sources of information include:

Relatives and friends;
Children and spouse of former marriages;
Physicians, hospitals and clinics;
Former employees and business associates;
Professional, trade, religious, social and military affiliations;
Local directories and local courts;
State Income Tax Bureau, Division of Employment Security and the Commissioner of Probation;
The Passport Division of the U.S. State Department.

a. Referrals to the Central Support Unit

When a parent cannot be located by the family social worker using the appropriate resources outlined above the services of the Central Support Unit are to be used for direct contact with the Massachusetts Division of the Registry of Motor Vehicles and the U.S. Internal Revenue Service (IRS). Information from these sources is limited to the home address of the absent parent.

The services of the IRS are available only when all of the following conditions exist:

1) The absent parent cannot be located.
2) There is an outstanding court order for support in which payment is not being made or a petition for such an order has been filed.
3) The child is being provided assistance under the AFDC program.

The requests for information will be completed by the family social worker as outlined on Form A-26 for IRS and Form A-27 for the Registry of Motor Vehicles. When completed the forms are to be signed by the WSO Director and/or his designee and sent directly to the Central Support Unit. The information received by the Central Support Unit from these sources will be forwarded to the WSO for appropriate action.

b. Use of Social Security Administration by the WSO

When the resources outlined above including the services of IRS have been unsuccessful in locating an absent parent requests are to be sent to the SSA to secure the Social Security account number and the address of an absent parent provided:

1) Requests pertain to parents under court order to support who have deserted a child/ren under the age of 16 (The required court order and age limitation does not apply in AFDC) and that such children are members of families applying for or recipients of public assistance.

2) The family social worker has been unsuccessful in locating the absent parent through other available resources including the services of IRS.

3) Requests are not to be made when there is information on the parent's whereabouts at any time within the eight (8) months prior to the request. SSA does not have more current information to provide.

4) Information provided by the SSA is used only for the purpose of obtaining support and maintenance and is considered as confidential information relating only to the administration of the program of public assistance. The Social Security Act provides for the imposition of penalties if the information is used for other purposes.

5) The information is requested on the approved Form SSA-1472. A certified copy of the court order must be sent with this form except in AFDC. The form is to be signed by the Director of the WSO or his designee and sent to the Social Security Administration, Bureau of Data Processing and Accounts, Baltimore, Maryland 21235. Requests may be sent as prepared or in weekly or monthly groups.

4. Case Record Controls

a. Location and Support Card

A Location and Support Card Form A-24 is to be completed for each case where assistance has been granted and a parent is absent from the home except in cases of involuntary absence because of commitment to or confinement in a hospital or other institution or detention in prison.

b. Register of Requests to Social Security Administration

Periodically, the Department of Health, Education and Welfare will be requesting reports on the number of requests made to the SSA for information and the value of such information in terms of resultant economic and social benefits. In order to supply this information the WSO must maintain a register of requests submitted which shall include the following:

a. Name of the case for which a request was submitted.

b. Information indicating whether or not employer's address was supplied by SSA.

c. Information indicating whether or not the parent was located through information supplied by SSA.

d. Results obtained for the family by the WSO on a follow-up when parent's address was supplied by SSA.

Form A-23
P 1549

REFERRAL TO COURT SOCIAL WORKER FOR SUPPORT ACTION

DATE_____ SOCIAL WORKER_____ WSC_____

RECIPIENT'S NAME_____ ADDRESS_____

Children	Birth Date	Children	Birth Date

Date of Initial Grant:	Present Monthly Grant $	Other Income $

Full Name of Parent not Supporting Family:	Current or Last Known Address: _____

Occupation:	Employer's Name and Address: _____	Net Income: Weekly $ Monthly $	Social Security No.

ACTION TO DATE ON CASE: Please Check (✓):

Refused to sign voluntary agreement ( )	Failed to pay voluntary agreement ( )	Not paying present District Court order ( )	Failed to comply with Probate order ( )	No Probate Court order in force ( )	Father located out of State ( )

ACTION RECOMMENDED BY FAMILY SOCIAL WORKER: Please Check (✓): Uniform Reciprocal Action ( )

District Court Non-Support Complaint ( )	District Court Probation Dept. for Conference ( )	Probate Court Contempt Petition ( )	Probate Court Case Review ( )

DATE_____ COURT ACTION REFERRAL APPROVED BY_____
Director

A copy of the marriage record and copies of the children's birth records must accompany referrals if this is to be initial action in the District Court. For non-compliance with an existing District Court order, a copy of the support order is to be obtained by the court worker. (Referral is to be made only after the family social worker has made reasonable efforts to ascertain the reason for failure to pay the order.) The court social worker will work with the appropriate probation officer when the order was made by the District Court.

If there is an existing support order in behalf of the recipient in the Probate Court as the result of a legal separation or a divorce, contempt proceedings will be instituted in this same court by the court social worker when the husband or former husband has failed to comply with this order over a three week period of time. In a legal separation or divorce case where no order was made by the Probate Court due to the inability to personally serve the citation or due to the husband's unemployment, when circumstances change, the court worker may, in writing, request a review of the case by the Judge. A copy of the Probate Court decree must accompany a Contempt Petition and a request for a case review.

Form A-24
P 1550

LOCATION AND SUPPORT CARD

DA _____

So .l Worker _____

Community _____
Region _____

G :E RELATIVE LAS. NAME - FIRST NAME	NUMBER OF CHILDREN IN GRANT	DATE OF GRANT	MONTHLY MAINT. GRANT

NAME OF SEPARATED OR ADJUDICATED PARENT LAST NAME - FIRST NAME	ALIASES	CURRENT OR LAST KNOWN ADDRESS-SPECIFY "C" OR "L.K."

DATE AND PLACE OF BIRTH	FATHER'S NAME	MOTHER'S MAIDEN NAME
SOC. SEC. #	ARMED FORCES SERIAL #	OTHER IDENTIFYING DATA

EMPLOYMENT RECORD

DATE	EMPLOYER	ADDRESS	OCCUPATION	WKLY TAKE-HOME PAY	EMPLOYER'S MED. PLAN
	Current				
	Previous				

EXISTING COURT ORDER $	NAME OF PROBATE OR DISTRICT COURT	DATE OF INITIAL ACTION

VOLUNTARY AGREEMENT - EFFECTIVE DATE	WEEKLY AMOUNT $

REFERRAL FOR COURT ACTION DATE	NAME OF PROBATE OR DISTRICT COURT	DISPOSITION	
COMPLAINT OR PETITION FILED - DATE	DISPOSITION	COURT ORDER $	EFFECTIVE DATE
INTERSTATE RECIPROCAL ACTION - YES NO	NAME OF COURT	WEEKLY AMOUNT $	DATE

ACTION ON MISSING PARENT

IF LOCATED - DATE	CURRENT ADDRESS	ACTION TAKEN

REFERRAL TO SUPPORT UNIT FOR LOCATION THROUGH I.R.S. - DATE

LIST SOURCES USED TO LOCATE MISSING PARENT

SUPPORT PAYMENTS

DA	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

Form A-25
P 1551

PARENTS SUPPORT AGREEMENT

DATE.....

Parents Social Security No.

.....(Father)

.....(Mother)

I,.....of.....
Street City or Town

do say that I am the father of.....

.....the children of.....

I agree to pay to the Massachusetts Department of Public Welfare the sum of $.....each and every week toward the cost of support and maintenance of my dependents who are now being provided for by said Department. The first payment to be made on.....I further agree that these payments will continue to be made by me during the time that my dependents are being partially or totally supported by the said Department. I am presently employed by.....and my take home pay is $.....weekly

Should circumstances affect my ability to comply with this agreement (e.g. change or loss of employment) I shall notify the Department of Public Welfare immediately.

Signed under Penalty of Perjury

.....
Parent's signature

.....
Witness's signature

Postal money orders or bank checks are to be made payable to the Massachusetts Department of Public Welfare and sent to the.....Welfare Service Office located at.....Massachusetts
Address

Section Twenty-One of Chapter 18 of the General Laws, as amended by Chapter 885 of the Acts of 1969, provides that a parent who deserts, or who unreasonably refuses to support his wife and/or minor children, is subject to legal action initiated by the Department of Public Welfar in the courts of the Commonwealth.

Form A-26
P 1552

REQUEST TO SUPPORT UNIT FOR SERVICES OF INTERNAL REVENUE SERVICE IN LOCATING ABSENT PARENT
(Type or Print)

DATE.....

REGION.....WELFARE SERVICE OFFICE.....

NAME	SOCIAL SECURITY NO.*	SOCIAL WORKER	IF NEEDED - A.F.D.C. NO.
1.....	.....	.....	.....
2.....	.....	.....	.....
3.....	.....	.....	.....
4.....	.....	.....	.....
5.....	.....	.....	.....
6.....	.....	.....	.....
7.....	.....	.....	.....
8.....	.....	.....	.....
9.....	.....	.....	.....
10.....	.....	.....	.....

I CERTIFY THAT ALL THE FOLLOWING CONDITIONS EXIST:

A. The above listed absent parents cannot be located.

B. There is an outstanding court order for support on which payment is not being made or a petition for such an order has been filed.

C. The child is being provided assistance under the A.F.D.C. Program.

_____
WSO DIRECTOR OR DESIGNEE

* It is essential this number be accurate.

Form A-27
P 1553

REQUEST TO SUPPORT UNIT FOR SERVICE OF REGISTRY IN LOCATING ABSENT PARENT

DATE.....

REGION.....WELFARE SERVICE OFFICE.....

NAME	SOCIAL SECURITY NO.*	DATE OF BIRTH	SOCIAL WORKER

For Registry Use:
Current Address:.....

NAME	SOCIAL SECURITY NO.*	DATE OF BIRTH	SOCIAL WORKER

For Registry Use:
Current Address:.....

NAME	SOCIAL SECURITY NO.*	DATE OF BIRTH	SOCIAL WORKER

For Registry Use:
Current Address:.....

NAME	SOCIAL SECURITY NO.*	DATE OF BIRTH	SOCIAL WORKER

For Registry Use:
Current Address:.....

I certify that all appropriate resources as outlined in the support policy have been checked.

_____
WSO DIRECTOR OR DESIGNEE

*It is essential this number be accurate.

Form A-30
P 1547

COMMONWEALTH OF MASSACHUSETTS
Department of Public Welfare
WSO_____

CHILD SUPPORT UNIT
INTAKE SUPPLEMENT - AFDC CASE

(USE A SEPARATE FORM FOR EACH FATHER)

APPLICANT'S NAME_____ CASE #_____

ADDRESS_____

TELEPHONE #_____ SOCIAL SECURITY #_____

MARITAL STATUS: MARRIED_____ SINGLE_____ DIVORCED_____
LEGALLY SEPARATED_____ SEPARATED_____

CHILDREN'S NAMES	AGES	CHILDREN	AGES	CHILDREN	AGES

FATHER'S NAME_____ SOCIAL SECURITY #_____

PLACE OF BIRTH_____ DATE OF BIRTH_____

CURRENT ( ) OR LAST KNOWN ( ) ADDRESS_____

CURRENT PLACE OF EMPLOYMENT_____

LAST PLACE OF EMPLOYMENT (INCLUDE DATES)_____

NAMES OF FATHER'S PARENTS_____ _____
FATHER MOTHER (MAIDEN NAME)

IS THERE A PROBATE OR DISTRICT COURT ORDER OUTSTANDING YES ( ) NO ( )

NAME OF COURT_____ DATE OF ORDER_____ AMOUNT_____
WK. ( ) MO. ( )

IS THERE A PENDING NON-SUPPORT COMPLAINT OUTSTANDING YES ( ) NO ( )

COURT_____

WHEN WAS THE LAST TIME YOU HAD CONTACT WITH YOUR CHILD(REN)'S FATHER

DATE_____ PERSON ( ) PHONE ( ) MAIL ( )

ADDITIONAL INFORMATION WHICH MAY HELP US TO LOCATE YOUR CHILD(REN)'S FATHER MAY BE WRITTEN ON REVERSE SIDE OF THIS FORM

I DO HEREBY ATTEST TO THE TRUTH OF THE ABOVE STATEMENTS UNDER PENALTY OF PERJURY

SIGNATURE OF APPLICANT _____ DATE_____

SIGNATURE OF WITNESS_____ TITLE_____

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R0709

PART A – REQUEST FOR ADDRESS FROM PUBLIC ASSISTANCE AGENCY *(Other than AFDC Request)*

CIAL SECURITY ADMINISTRATION eau of Data Processing and Accounts .ltimore, Maryland, 21235	JOB CODE

I certify that a court order has been issued against the person identified herein to provide for the support and maintenance of his child or children under the age of 16, who are in destitute circumstances and are applicants for or recipients of benefits payable under title I, X, XIV, XVI, or XIX of the Social Security Act or under a State or local public assistance program.

As required by law, a certified copy of the court order is enclosed.

Please furnish the person's most recent address or the address of the latest employer who reported wages for him. We have attempted without success to locate the person from all sources reasonably available. This information is being requested and will be used only for the purpose of obtaining the support and maintenance ordered by the Court.

NAME OF AGENCY	SIGNATURE OF REQUESTER	
ADDRESS OF AGENCY	TITLE	DATE

SOCIAL SECURITY RECORDS ARE CONFIDENTIAL. UNDER THE LAW, PERSONS USING THE REQUESTED INFORMATION FOR PURPOSES OTHER THAN OBTAINING SUPPORT AND MAINTENANCE CAN BE PROSECUTED.

REQUESTER: Please complete items 1 through 8 below:

1. NAME OF PERSON	2. SOCIAL SECURITY NUMBER
TE OF BIRTH *(Month, day, year)*	4. PLACE OF BIRTH
5. FATHER'S NAME	6. MOTHER'S MAIDEN NAME
7 LAST KNOWN HOME ADDRESS	8. NAME AND ADDRESS OF LAST KNOWN EMPLOYER
DATE OF RESIDENCE	DATE EMPLOYED

SOCIAL SECURITY ADMINISTRATION REPORT

ADDRESS *(If person is in claims status)*

EIN	MB & UNIT NO.	NAME AND ADDRESS OF EMPLOYER
EST NO	LAST QUARTER	
EIN	MB & UNIT NO.	NAME AND ADDRESS OF EMPLOYER
[ ] UNABLE TO LOCATE SOCIAL SECURITY NUMBER	CLERK NO.	DATE

Enter Name and Address of Requesting Agency

FORM SSA-1472 (4-69)

PART B – REQUEST FOR LATEST ADDRESS IN AFDC CASE

SOCIAL SECURITY ADMINISTRATION Bureau of Data Processing and Accounts Baltimore, Maryland 21235	JOB CODE

A child of the person identified herein whose whereabouts is unknown is eligible for benefits under Title IV, Aid to Families with Dependent Children (AFDC). Please furnish the person's most recent address or the address of the latest employer who reported wages for him. This information is not otherwise available and is necessary for use in the administration of title IV of the Social Security Act. Such information will not be disclosed except for this purpose.

NAME OF AGENCY	SIGNATURE OF REQUESTER	
ADDRESS OF AGENCY	TITLE	DATE

SOCIAL SECURITY RECORDS ARE CONFIDENTIAL. UNDER THE LAW, PERSONS USING THE REQUESTED INFORMATION FOR PURPOSES OTHER THAN OBTAINING SUPPORT AND MAINTENANCE CAN BE PROSECUTED.

REQUESTER: Please complete items 1 through 8 below:

1. NAME OF PERSON	2. SOCIAL SECURITY NUMBER
3. DATE OF BIRTH *(Month, day, year)*	4. PLACE OF BIRTH
5. FATHER'S NAME	6. MOTHER'S MAIDEN NAME
7. LAST KNOWN HOME ADDRESS	8. NAME AND ADDRESS OF LAST KNOWN EMPLOYER
DATE OF RESIDENCE	DATE EMPLOYED

SOCIAL SECURITY ADMINISTRATION REPORT

ADDRESS *(If person is in claims status)*

EIN	MB & UNIT NO.	NAME AND ADDRESS OF EMPLOYER
EST. NO.	LAST QUARTER	
EIN	MB & UNIT NO.	NAME AND ADDRESS OF EMPLOYER
☐ UNABLE TO LOCATE SOCIAL SECURITY NUMBER	CLERK NO.	DATE

Enter Name and Address of Requesting Agency

1. Responsibility for Burial Expenses in all Categories

It is the responsibility of the worker to meet the cost of burial expenses when existing resources are insufficient to meet this need. It is also the responsibility of the worker to verify what resources exist for meeting this need.

Funeral expenses are preferred charges against the estate of a deceased recipient, and existing resources; e.g., life insurance, OASDI death benefit, etc., must first be applied to meeting such expenses. When a recipient has no resources or existing resources are insufficient to meet the expense of burial, payment by the Department will be limited in accordance with the following:

a. Payment in OAA, AFDC, DA and MA

~~In OAA, AFDC, DA and MA, the payment by the Department shall in no event exceed $300, and the total expense by whomsoever incurred shall not exceed $500. When a resource exists it is deductible from the total expense (maximum $500) and the payment by the Department must not exceed $300 of the balance. If the deceased recipient had been receiving a money payment under OAA, AFDC, or DA and a burial payment is required, the burial payment must be made under the category from which the money payment was made. If the deceased client had been the beneficiary of MA payments only, and had insufficient personal assets to cover the cost of a burial within the above standards, the payment is to be made under the MA program.~~

b. Payment in GR

Up to $300 may be allowed for the burial of each eligible person when the expense of the funeral and burial is not paid by kindred liable by law for their support. An additional sum not exceeding $50 may be allowed when necessary to cover the cost of procuring a burial place, opening the grave, obtaining the use of interment devices, and transporting the body to a cemetery beyond a distance of ten miles. The total expense of the funeral and burial, by whomsoever incurred, shall not exceed the sum of $300 or $350, as the case may be. When a resource exists, payment shall be limited to the difference between the amount of the resource and the total expense as stated above.

c. Payment for SSI Recipients

Payment by the Department for SSI (Supplemental Security Income) recipients shall in no event exceed $300, and the total expense incurred by anyone shall not exceed $900. When a resource exists, it is deductible from the total expense (maximum $900) and the payment by the Department must not exceed $300 of the balance. If the deceased client had been the beneficiary of SSI payments and had insufficient personal assets to cover the cost of burial within the limits of $900 total expense, the payment is to be made according to the above standards. Payment is to be made from the MA account and any bills submitted for processing must be noted as MA. The WSO is to keep a log of all such payments noting the name and address of the individual for whom payment was made, date of death, total cost of the funeral, and total expenditure by the Department.

2. OASDI Resources

When a recipient has been receiving OASDI, as a primary beneficiary, there will be available from the Social Security Administration a death benefit amounting to three times the monthly benefit or $255, whichever is the lesser.

It is to be noted that there will be instances where a former wage earner who has not reached the eligible age for monthly benefits under the Social Security Act might well be eligible for a lump sum death benefit (for example, a 45-year-old incapacitated father under AFDC). In all instances where a recipient has had an employment history, eligibility for a lump sum death benefit must be explored before any payment can be made by the Department.

When the Department pays the funeral and burial charges, claim for the OASDI death benefit must be made by the Department. If a friend or relative is to pay for some portion of the expense, the worker must first obtain his signed statement in which he waives his right to any part of the OASDI death benefit payment. Such a statement must be obtained before the worker may pay the burial bill. The written waiver of the friend or relative should be attached to the Department claim to the OASDI office. The statement to be signed must read as follows:

To Old Age, Survivors, and Disability Insurance District Offices
The contribution which I made towards the burial expenses of (Name of wage earner) Social Security No._____ constitutes a gift and was paid for without expectation of reimbursement. I shall make no claim of any kind for reimbursement for the payment of such burial expenses.

(Signature of Relative or Friend)

Witness: (For the Department)

3. Method of Payment

In all categories, a bill must be itemized on the Funeral Director's letterhead or billhead and he must sign a statement that the total cost does not exceed $500 in AFDC and MA (not SSI eligible), $300 or $350 in GR, and $900 for SSI.

Reference: General Laws Chapter 66 and Chapter 271

The relationship between an applicant or recipient with state and local governmental agencies which supervise or administer the programs of assistance is confidential and privileged except insofar as our laws may permit inspection of, or require the disclosure of such confidential information. Information may be released only to the persons or agencies specified in the law and in the following material, and only to the extent of the purpose or issue involved in the request. When requests concerning the applicant do not come within the prescribed areas of disclosure, the reasons for its unavailability shall be explained to the person making the request. There will be instances where persons requesting the address of a client are relatives or others who wish to contact him for reasons which will be beneficial to the client or his family. Under such circumstances, any message or request for the client to contact such persons shall be relayed to the client for any action he may wish to take.

1. Disclosure in Court Cases

When an agency receives a subpoena or other compulsory process, its representative should appear in court in response thereto. If the disclosure is to be for purposes directly connected with the administration of public assistance, the witness should furnish testimony and records required. However, if any attempt is made to require a disclosure contrary to statutory prohibitions by oral testimony or through production of books and records, the employee required to disclose the information should respectfully point out to the court the provisions of the law, and request that the court excuse him or her from disclosing the information. If the court indicates that it will not recognize the privileged nature of the information, the employee should request that the case be continued or that the taking of his evidence be deferred until the advice of counsel can be obtained.

2. Persons to Whom Confidential Information May Be Given

a. Applicants and Recipients and their Authorized Agents

The present law permits disclosure of information concerning his own record to an applicant for, or recipient of, public assistance or his duly authorized agent. Care should be used, however, to protect confidential information secured from other sources in the process of investigation which was obtained under an express or implied understanding that it would not be disclosed.

b. Incorporated Private Agencies

The law provides that information from the case record may be disclosed to any incorporated Jewish philanthropy, incorporated Catholic charity

or other incorporated social agency, including non-governmental children's agencies or non-governmental incorporated medical institutions and to any social service index.

c. Special Study or Survey Group

Special studies under the auspices of a responsible official or agency or survey group, properly certified or sanctioned, for purposes directly related to the administration of public assistance, may be made and inspection permitted of such confidential records. Special personnel may be used in making such studies, including mature and responsible students of social work. Whenever such studies are to be published or otherwise made public, assurance must be given that specific cases will not be identified.

d. Law Enforcement Agencies

In time of war, information may be given to governmental agencies such as the Federal Bureau of Investigation, Naval Intelligence Service and the Army Intelligence Service only for purposes related to the prosecution of the war and to the proper administration of public assistance.

e. Public Officials and Agencies

The statute allows inspection of individual case records by public officials of the Commonwealth, which term shall include members of the General Court, representatives of the Federal Government, and officers, boards, or committees of cities and towns responsible for the preparation of annual budgets for such public assistance, the making of recommendations relative to such budgets, or the approval or authorization of payments for such assistance. The inspection of data concerning total or partial caseloads may be made by those public officials for whom such information is necessary for the proper discharge of his duties. Chapter 121, Section 4A, of the Massachusetts General Laws, provides that no other department, bureau or agency of the commonwealth or of any political subdivision thereof, which, under any provision of law, is furnished with the names of recipients of public assistance, shall permit the publication of lists of such names or make use thereof for purposes not directly connected with the administration of such assistance.

3. Delegation of Authority to Disclose Information

The boards of public welfare are herewith granted the authority to permit inspection of and to disclose information contained in public assistance records in accordance with the law and the above material. Any board of public welfare may delegate this responsibility to members of its professional staff. Whenever there is an issue concerning the release of information, it shall be submitted to the Department for the decision of the Commissioner, which shall be final.

1. Transfers Within the Commonwealth

In any category of assistance, the individual or family has the right to live in the community of his choice.

When the transfer from one community to another involves a different WSO, recipients of AFDC and GR must be visited, recipients of OAA and DA must be sent a Form SS-2, and recipients of MA must be sent a Form SS-37. The new WSO must follow these procedures no later than ten (10) days following notification of the move and receipt of the case record. The purpose of the visit or declaration form is to ascertain the need for social service and to assure proper budget determination.

Since this type of transfer involves the transmittal of the case record, the transferring WSO must retain copies of fiscal material relating to the recipient in order to assure continuity of assistance and proper payment of bills. The transferring WSO will be responsible for the payment of all valid bills incurred up to the date that the new WSO is responsible for the case. The receiving WSO will assume responsibility for valid bills on the date that the recipient's name appears on the Recipient Master File Listing.

Authorization procedures related to the transfer of cases are outlined in the Instructions for Completion of Authorization of Grant and Medical Assistance (Form SS9A).

Recipients Entering a Chronic Hospital

When a recipient in any category of assistance moves from a community for the purpose of entering a chronic hospital the WSO of previous residence shall continue assistance until the need for assistance is terminated.

Inter-Welfare Service Office Transfer

When a recipient moves to an area serviced by a different WSO, an authorization changing the address is to be completed for transmittal to the Regional Data Control Unit (RDCU) as soon as the transferring WSO knows of the move. The WSO from which the recipient moved is to send written notification of the move to the receiving WSO along with the case record by certified mail. Upon receiving the certified mail receipt, the transferring WSO is to complete a transfer authorization according to the Instructions for Completion of Authorization of Grant and Medical Assistance (Form SS9A).

Transfer authorizations should be transmitted to the RDCU at least one week before the semi-monthly payroll date to insure that the transfer action is accomplished by that particular payroll date.

Written Notice to Recipient

The transferring WSO must notify the recipient that there will be no interruption in the continuity of assistance during the transfer period and that a contact will be made either by visit or declaration form by a worker from the new WSO within ten (10) days of the notice.

This notice must clearly indicate to the recipient the date through which case responsibility will be maintained by the transferring WSO and the date the new WSO will assume responsibility for the case.

Transfer of Case Records on Closed Cases

When a former recipient reapplies for assistance and it is known that the person was previously aided in another community, the closed case record is to be transferred upon written request from the WSO where reapplication is being made. The WSO having the case record is to forward it to the new WSO. In addition, the prior WSO must send an SS9A form to its Regional Data Control Unit (RDCU), if possible before the indicated cut-off date, authorizing the transfer of the computer Master File Record to the WSO where reapplication has been made. Where appropriate, this transfer can be initiated upon a telephone request.

When the applicant does not indicate he has received assistance previously from another WSO and an SS9A form authorizing a new case is sent to the RDCU by the WSO where application is being made, the computer will reject the SS9A form. The RDCU will inform this WSO of the rejection and indicate the WSO where assistance was formerly received. The new WSO will take the appropriate action by contacting the applicant for further information if required and for requesting that the case be transferred from the prior WSO as indicated above.

2. Transfer Between States

Interstate transfer is the official process by which arrangements are made for the removal of a dependent adult or family from one state to another.

The transfer of a dependent adult or family may be arranged only at the request of the person or family or with his full consent and must involve sound social planning.

a. Procedures for Arranging Transfers

There are generally two types of dependent adult and family interstate transfers.

The Commonwealth of Massachusetts
Department of Public Welfare
600 Washington Street, Boston 02111

STEVEN A. MINTER
COMMISSIONER

Date _____

Category _____

Dear

Since you have moved into a community serviced by another office, your case is being transferred to the _____ Welfare Service Office.

In order that there will be no interruption in the continuity of assistance during the transfer period, your new Welfare Service Office will contact you within the next ten days.

This office will be responsible for your case until _____. After this date your new Welfare Service Office will be responsible for your assistance.

Very truly yours,

_____
Welfare Service Office

NFL #7

Trans. by S.L. 309

(1) From the Commonwealth of Massachusetts to Other States

The W.S.O. may arrange for the transfer of dependent adults and families to another state. However, the transfer must be arranged with the Department of Public Welfare of the state involved and the transfer must not be made without the written authorization of the state to which the dependent adult or family is returning. Arrangements for transfer should be requested by a letter from the W.S.O. to the Department of Public Welfare of the other state. This letter must contain sufficient identifying information as to the names and ages of the persons involved, the present address, prior residences in other states, including, when possible, places of employment and references in the other state verifying the dependent adult's or family's statement. The letter should also emphasize that the dependent adult or family wishes or is willing to be transferred and reasons should be given in full as to the desirability of the interstate transfer.

~~Expenses of transfer will be made by the W.S.O. only when written authorization has been received from the other state approving the transfer.~~ SL 268

(2) From Other State to the Commonwealth of Massachusetts

Occasionally requests are received from other states for authorization to return dependent adults or families to the Commonwealth of Massachusetts. These requests must be approved by the appropriate W.S.O. if it can be established that such dependent adult or family is or was in the recent past a resident of this Commonwealth and the return represents sound social planning. The expense of this type of transfer for the dependent adult or family must be paid by the other state arranging the transfer.

b. Transfer in Special Situations

The transfer of dependent tubercular or mentally ill persons is arranged through the appropriate Regional Office unless the person has been legally committed in which case the transfer is arranged by the State Department of Mental Health.

Requests for transfer of dependent unattached children to the home of their parents or relatives or for foster home placement in this state or another state must be referred to the Division of Child Guardianship.

1. Short-time Care

a. Within the Home

Short-time care is occasionally necessary for children whose parent is temporarily absent from the home, as e.g., when a mother requires hospitalization. Under such conditions it is preferable to keep the children together in the familiar environment of their home and community. In some situations a responsible relative may be willing to move into the children's home to assume the parental role. If this is not feasible the board of public welfare may provide housekeeping services. The use of Homemaker Service, whenever available, is recommended.

b. Outside the Home

Sometimes children who cannot be cared for in their own homes may be satisfactorily cared for in the homes of relatives during a parent's temporary absence. When it is necessary to place a child for short-time care apart from his own or his relative's home, the board of public welfare shall make a referral to a licensed child-caring agency for temporary placement. In areas where such a referral is impossible because of the absence of such agencies the board of public welfare shall refer the case to the Division of Child Guardianship (D.C.G.) for a placement.

Whenever a board of public welfare is working with relatives or housekeepers regarding the care of children, it must plan carefully with these parent figures to insure that the needs of the children will be met, their activities supervised, and their general welfare safeguarded.

2. Long-time Care

Cases involving children in need of care for an indefinite period are to be referred by the board of public welfare to the D.C.G. for placement and supervision. Early referral to the D.C.G. will enable that division to evaluate the case properly, and to make satisfactory plans for placement if necessary.

I. Receipt of More Than One Form of Assistance

A recipient cannot receive more than one form of assistance at the same time.

II. Eligibility for Medical Care Only

Persons or families that are ordinarily self-supporting but who are in need of hospitalization or other medical care for which they cannot pay shall be deemed in medical need, and medical assistance shall be granted under the MA program, if eligible.

III. Conversion of Weekly Amounts to Monthly Amounts

The Department uses the multiple 4 1/3 when converting weekly amounts to monthly amounts in computations of cost or income. If a decimal figure is to be used for these computations, that figure is 4.333.

IV. Basic Time Unit for Budgets

In any program where recipient budgets are computed, the time unit used for budget computations is the calendar month.

I. Insurance Information

A request for life insurance information must be directed to the home office of the life insurance company.

II. Insurance Adjustment

Of the categories of assistance covered in this manual, only MA, Cuban, Vietnamese and Cambodian Refugee applicants or recipients are entitled to adjust their life insurance to make themselves eligible. Adjustment may be used when the amount of insurance cash surrender value is in excess of the allowed amount. It is used to reduce the amount of cash surrender value by policy loans or reduced paid-up insurance. Adjustment procedures are as follows:

A. John Hancock

1. When the applicant or recipient has agreed to adjust his life insurance, he must sign Life Insurance Agreement and Policy Receipt (Form SS-11) and leave all life insurance policies with the WSO/CSA in exchange for a policy receipt.

2. The applicant or recipient will also sign Form INS-JH which is filled out by the worker. When this form is completed and sent to the home office, the company will then return all necessary forms to complete the transaction to bring insurance within required limits.

3. Upon completion of the adjustment, the policies will be returned to client in exchange for the policy receipt.

B. Prudential and Metropolitan

1. When the applicant or recipient has agreed to adjust his life insurance, he must sign Life Insurance Agreement and Policy Receipt (Form SS-11) and leave all life insurance policies with the WSO/CSA in exchange for a policy receipt.

2. The worker will complete Form INS-PM-1. This form is submitted to the Metropolitan or Prudential Life Insurance Company. The insurance company will furnish any required missing data and return the form to the WSO/CSA. Upon receipt of completed Form INS-PM-1 from the company, if an adjustment is necessary for cash surrender value to be brought within required limits, the worker will prepare a separate Form INS-PM-2 for each policy to be adjusted. If a policy is to be reduced or changed to another plan, the worker will complete Item 4 on Form INS-PM-2 and return it to the company for its Change Form(s). Form INS-PM-2 and the Change Form(s), together with the insurance policy when so indicated, are to be mailed to the insurance company.

3. Upon completion of the adjustment, the policies will be returned to the client in exchange for the policy receipt.

C. All Other Insurance Companies

1. When the applicant or recipient has agreed to adjust his life insurance, he must sign Life Insurance Agreement and Policy Receipt (Form SS-11) and leave all life insurance policies with the WSO/CSA in exchange for a policy receipt.

2. The forms and instructions relative to adjustment must be obtained from the home office of the particular insurance company. The worker will follow the instructions of the insurance company.

3. Upon completion of the adjustment, the policies will be returned to the client in exchange for the policy receipt.

III. Discharge and Release of Insurance Assignment for OAA and DA Cases

Prior to January 1, 1974 (SSI take-over of OAA and DA), the Department took assignments on life insurance policies as an alternative to insurance adjustments on some OAA and DA cases. The Department must release these life insurance assignments without repayment.

The Department will release the life insurance assignment upon the request of the client, an interested party acting in the client's behalf, or upon inquiry or receipt of a recovery check from the life insurance company.

When a WSO/CSA receives a check from a life insurance company, the director or his designee shall ascertain whether the payment was made as a result of a life insurance assignment. If so, the director or his designee must return the check to the life insurance company together with an executed Discharge and Release of Life Insurance Assignment (Form A-19). Checks received by the Regional Office or Office of Finance shall be returned to the WSO/CSA for completion of the above action.

In order to release the assignment, the names of the recipient, and of the insurance company and the policy number must be provided by the party contacting the Department. The WSO/CSA director or his designee must then complete Form A-19 in duplicate. The duplicate will be put into a Life Insurance Assignment Release File to be maintained in the WSO/CSA. The director or his designee will forward the original Form A-19 to the home office of the insurance company or give the form to the requesting individual, whichever is more appropriate for the situation.

Federal regulations require the Commonwealth to aid aliens admitted as Immigrants or under Color of Law if they are otherwise eligible for MA, EA or GR.

Illegal Entrants are not eligible for MA or EA, but may be eligible for GR under certain conditions outlined in this Part.

Non-Immigrants are not eligible for any public assistance program.

I. Immigrants

Immigrants are those aliens who have been admitted for permanent residence. They may remain indefinitely, own property, work and move about without restriction so long as they comply with the laws relating to alien registration (reporting changes of address and submitting annual reports). Such aliens may become subject to deportation if convicted of certain crimes or have engaged in subversive activity.

II. Color of Law

The phrase "under color of law" applies to the following groups:

1. General

Persons who entered the United States before July, 1948 and who are thus eligible for admission for permanent residence at the discretion of the Attorney General.

2. Conditional Entry - Section 203(a)(7) of the Immigration and Nationality Act (INA)

This section provides for conditional entry of aliens, who, because of persecution or fear of persecution on account of race, religion, or political opinion, have fled from a Communist or Communist-dominated country, or from the area of the Middle East; or who are refugees from natural catastrophe. Individuals in this category will have Form I-94 (Arrival-Departure Record), with the stamped legend "Refugee-Conditional Entry", and which cites the section of the INA under which admitted.

3. Paroled - Section 212(d)(5) of the INA

This section provides for the parole into the U.S. for an indefinite temporary period, at the discretion of the Attorney General for reasons of public interest, of any alien applying for admission. Individuals in this category will have form I-94 which will state that the alien has been paroled pursuant to section 212(d)(5) of the INA. A form I-94 endorsed to show parole for a specific period does not constitute acceptable evidence.

III. Non-Immigrants

Non-Immigrants are aliens admitted temporarily for specific purposes and periods of time. These include officials of foreign governments, persons visiting or on business and students admitted to certain schools.

Although legally admitted, Non-Immigrants are not eligible for public assistance.

IV. Illegal Entrants

Illegal Entrants are any aliens not registered with the United States Immigration and Naturalization Service (INS).

V. Methods of Verification

Applicants or recipients born outside the United States must be asked to verify their status by one of the following methods:

(a) present citizenship papers, if they have been naturalized

(b) produce an Alien Registration Receipt Card, Form 1-151, if they are immigrants legally admitted for permanent residence

(c) produce an Arrival-Departure Record (Form I-94) with one of the following notations:

"Refugee - Conditional Entry" (pursuant to Section 203(a)(7) of the INA)

"Paroled - For Indefinite Period" (pursuant to Section 212(d)(5) of the INA)

(d) produce other official documentation of citizenship, such as a United States Passport.

VI. Sponsorship

An alien admitted for permanent residence sometimes has a sponsor who has placed a bond insuring that the alien will not become a public assistance recipient. When an alien applies for assistance within the first five (5) years of residence in this country, the sponsor is a potential resource and must be contacted by the WSO but only with the permission of the applicant. If an applicant refuses to identify the sponsor or to give permission to contact the sponsor the WSO shall not contact INS or the sponsor but shall deny the application since the worker will be unable to determine eligibility.

If the bonded sponsor refuses to provide support, the WSO (with the permission of the alien) must inform the INS so that they may take appropriate action on the bond. If the alien refuses to consent to the notification of the INS, the WSO shall not contact INS but shall deny or terminate assistance because the alien has failed to cooperate in developing a potential resource.

VII. Disclosure of Information to INS

The WSO is prohibited from disclosing information regarding persons on public assistance without their consent except for purposes directly connected with the administration of public welfare. Therefore, the WSO shall not furnish information to INS about an applicant or recipient who has been determined to be an Illegal Entrant or Non-Immigrant. Also, there is no basis for disclosure to INS that an alien legally admitted for permanent residence has or has not received public assistance.

An applicant or recipient may request information from his or her own case record and make a voluntary disclosure of the information to INS.

An Illegal Entrant who applies for and receives GR, must consent to notification of INS by the WSO.

VIII. Assistance to Illegal Entrants

When all other factors of eligibility are met, GR may be granted to Illegal Entrants subject to the notification of the INS. The worker shall use Form AP-12 (Referral of Non-Immigrant or Illegally Entered Aliens) for the notification. If the applicant refuses to consent to the notification, (s)he shall be ineligible for GR.

When an AFDC Grantee-relative (or other member of the AFDC family) is ineligible for assistance because of his or her alien status, (s)he must be excluded from the AFDC grant. However, (s)he may receive GR under the conditions cited in the above paragraph. The GR grant shall not exceed the additional amount of AFDC which would have been paid to the family if the Illegal Entrant(s) had been included in the AFDC grant.

IX. Decision to Apply for or to Accept Assistance

An alien who does not have Immigrant status must be informed that receipt of public assistance may result in an adverse decision by INS when the person is eligible to apply for a change of status to permanently admitted alien. It is important that an individual fully understand the implications of his or her immigration status before deciding whether or not to apply for or to receive public assistance.

Transportation Assistance Program (TAP)

The Department provides transportation assistance to recipients who have requested assistance to move outside the Commonwealth. Transportation assistance is provided through agencies under contract to the Department.

I. Referral Procedure

The worker must refer an individual or family to the contracting agency if they appear to meet the eligibility criteria and indicate an interest in moving outside the Commonwealth. The referral will be made in writing on a form prescribed by the Department. The determination of eligibility for transportation assistance shall be made by the contracting agency pursuant to standards set by the Department.

II. Eligibility Criteria

The contracting agency will determine eligibility for transportation assistance in accordance with the following criteria.

The family or individual must:

(A) have a significant social, medical or financial problem which may be substantially alleviated by moving outside the Commonwealth;

(B) be receiving AFDC, GR, SSI or MA;

(C) have insufficient resources of their own to move outside the Commonwealth; and,

(D) not have been a previous participant in the Transportation Assistance Program. Under this requirement, an individual or family may be eligible notwithstanding past participation in the Transportation Assistance Program, so long as such participation did not result in removal from the Commonwealth.

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III. Voluntary Participation

The decision of an individual or family to accept referral to TAP shall be a voluntary one. The decision to accept transportation assistance, based on the contracting agency's agreement to the soundness of the moving plan, shall also be voluntary.

IV. Transportation Assistance Limitation

Transportation assistance is limited to transportation for the family or the individual. The cost of moving household goods or furnishings shall not be authorized. Charges for luggage or baggage in excess of the transportation carrier's stated limitations for personal effects or belongings shall not be authorized.

a. Willful misstatements, oral or written, made by a recipient in response to oral or written questions from the agency concerning the recipient's income, resources, or other circumstances which may affect eligibility and the amount of payment. Such misstatements may include understatements of amounts of income or resources or omission of an entire category of income or resources; and

b. Willful failure by the recipient to report changes in income, resources, or other circumstances which affect eligibility and the amount of assistance; and

c. Willful failure by a recipient to report receipt of a payment which the recipient knew or should have known was an erroneous overpayment, because of previous oral or written notification by the Department.

C. Recoupment Due to Payments Pending a Fair Hearing Decision

The Department will recoup assistance paid pending an appeal of a reduction or termination in benefits if the Fair Hearing decision confirms the reduction or termination, and there are currently available resources or income exclusive of the assistance grant.

A decision as to whether recoupment is appropriate in the case shall be made by the WSO/CSA director. An advance notice of the decision to recoup is required.

II. Decision to Recoup

The worker must discuss all overpayment situations with his or her supervisor. The facts and circumstances of the overpayment must be recorded in the case record, as well as the living arrangements, monthly expenses,income and resources of the recipient. Consideration must be given as to whether recoupment either due to error or because of willful withholding of information will cause undue hardship to the recipient. The worker must review each case on an individual basis, including a determination that the recipient is using all resources available to him or her to increase income, e.g. Food Stamps.

The decision as to whether the overpayment is to be recouped or not must be approved by the WSO/CSA director. A register of all such decisions must be maintained in the WSO/CSA.

When recoupment from the current assistance grant is not possible, the overpayment itself is not extinguished. The recoupment may be commenced at a later date when the person's income or resources improve.

III. Method of Recoupment

Recoupment may be made by a lump sum payment (in the form of a cashier's check from the recipient) from currently available resources, or by a reduction or suspension of the assistance grant, or by a partial or total deduction from currently available disregarded, set-aside or reserved income.

The worker shall explain the repayment options to the recipient who may select the method which is least burdensome to him or her.

IV. Voluntary Repayment in Potential Fraud Cases

The Attorney General and the Bureau of Welfare Auditing are in agreement that persons suspected of fraud will, in most cases, be allowed to repay the Department the amount improperly paid to them. At the same time, however, it is imperative that the director who accepts such an offer make it very clear to the person making the repayment that the payment will not prevent a referral to and investigation by the Bureau of Welfare Auditing. The director should explain that a fraud referral has been or will be made and that the fact that all or a portion of the improper payment has been returned will be noted in the fraud referral or in the case record so that the Bureau and the Attorney General may consider the payment when deciding whether or how vigorously to prosecute the case. No assurance whatever may be given that making the payment will result in the case not being prosecuted nor should any prediction be made regarding the effect of such a payment on the court's decision.

All agreements by the directors of the Department accepting such offers of repayment must be made in writing on the prescribed form #AP-6 - Offer of Voluntary Repayment and must be signed by the WSO or CSA director, the person offering repayment and, when required, an agent of the Bureau of Welfare Auditing.

No agreements may be made by the Department accepting such offers of repayment without the written consent of the Bureau of Welfare Auditing in those cases of suspected fraud wherein an investigator of the Bureau has been assigned the field investigation of such a case and a notice of such assignment has been communicated to the director of the WSO/CSA by the Bureau. In such cases, the director will enter agreements for the acceptance of offers of repayment only in the instances where the Bureau agent consents in writing to the agreement.

Cases of suspected fraud should be referred to the Bureau by the Department as soon as they are identified. The referral should therefore ordinarily precede chronologically any repayment agreement entered into by the Department.

V. Advance Notice and Fair Hearings

The decision to recoup an overpayment is subject to the requirement of an advance notice and the right to a fair hearing. The advance notice must detail the reason for recoupment, the amount to be repaid, the amount of the monthly deduction, the duration of repayment, and the manual citation supporting the recoupment action.

VI. Periodic Notification to Recipient

The Department shall insert a notice in the assistance check of each recipient at least twice a year. This periodic notice shall:

a. include a reminder of the obligation to notify the Department concerning changes in income, resources, or other circumstances, within ten (10) days after a change, and that a failure to do so shall constitute a willful withholding of information and permit the Department to recover any overpayment occasioned or caused by the willful withholding;

b. specifically and clearly indicate the type of information to be disclosed by the recipient, such as changes in wages, receipt or loss of income like Unemployment Compensation, Social Security or Veterans Administration payments, or change of real or personal property by sale, gift, or inheritance;

c. require that if there is any doubt whether a particular change in circumstances should be reported,the recipient will contact the agency within ten (10) days after such change of circumstances.

The Department will require a periodic formal acknowledgement by recipients that the obligation to report changes had been brought to the recipient's attention and that these were understood. This requirement will be met by the client's signature on application and redetermination forms and by the periodic centralized mailings.

VII. Correction of Underpayments

The Department will promptly correct underpayments to current recipients, when such underpayments result from administrative error.

a. Retroactive corrective payment shall be made only for the twelve (12) months preceding the month in which the underpayment is discovered;

b. For purposes of determining continued eligibility and amount of assistance such retroactive corrective payments shall not be considered as income or as a resource in the month paid nor in the next following month.

MASSACHUSETTS PUBLIC ASSISTANCE POLICY MANUAL

Revised 1965

CHAPTER III - CASE RECORDING

Definition of Case Record

The case record is a permanent collection in written form of the board of public welfare's total contact with a person or family applying for public assistance. This includes the information collected about the applicant, the study of his problem, the treatment planned to meet his problem, and the services offered in meeting it.

Recording is a continuing process, beginning when the applicant first becomes known to the board of public welfare and ending when the case is closed.

1. Value of Case Record

A complete, well-organized case record makes it possible to help the individual or family more effectively. Through it the problems can be analyzed and work with the individual or family planned and studied. It enables the social worker to know all the facts in the situation necessary to determine elegibility and to plan for meeting needs.

Because the case record contains information which establishes eligibility, it protects the board of public welfare, the applicant or recipient, and the community. It shows that assistance was given or denied on the basis of definite, factual evidence. It justifies the expenditure of public funds and at the same time helps to make sure that assistance will be given legally, wisely and promptly.

The case record helps in dealing with complaints promptly and intelligently. It makes information easily available when requests for information are received, especially in the absence of the social worker.

2. Types of Case Records

a. Chronological Case Record

In general the chronological case record with simple narrative entries is preferred. This shows changes in the situation and plans as they develop. The narrative record should give a clear picture of the family composition, the financial condition, the way in which the family supported itself before applying for assistance, what the problems are, what can be done to help the family to become independant again, what can be done to meet the needs, and what has already been done. Whenever the circumstances change, the new situation must be recorded as well as the results of every reinvestigation.

b. Summary Recording

At certain places in the record it is helpful to use a summary with headings in the margin. If a case has been active for a long time, periodic summaries make the record easier to use by condensing the material and bringing it up to date.

c. Single Case Record

The best procedure would require a single case record to contain all the social and eligibility information about a particular person or family in one folder. When local administration does not make this possible it may be necessary to have a separate case record on each person or family for each category of assistance given, with cross referencing between the records.

3. Content of Case Record

The case record should be concise but must contain essential material. It must include the applicant's statement of his needs, the results of the initial determination and each redetermination establishing eligibility or ineligibility and the basis on which it was determined.

The application process must be recorded in the case record with the application form and contain a short narrative statement by the interviewer giving the applicant's own story about his problem. The record of the application process should also include identifying information about the applicant and show what he has already done to establish eligibility.

In addition to the financial services the case record must also contain a complete recording of the social services needed and those rendered. This includes the findings of the initial and continuing social studies, treatment plan, a description of the services rendered and the results achieved.

When a case is closed, it is recommended that the case record contain a brief entry giving the reason for opening the case, what progress was made while the case was open, and the reason for closing the case.

4. Forms Required in Case Record

The following forms which are helpful in establishing the need for financial assistance and social services are obtained from the District Office of the Department and must be a part of every case record:

a. Application Form

This shows that the applicant has requested assistance and provides the minimum necessary identifying information related to this request. The approved application form must be used in all categories and must be on file in each case record.

b. Face Sheet

This form is made out when the investigation has been completed and the decision has been made to grant assistance. It is intended to give current basic information on the individual or family. Therefore any changes that occur should be noted on the face sheet. Use of this form makes it possible to find identifying information and social data quickly. The face sheet must be on file in each case record.

c. Budget Work Sheet

A current budget work sheet must be in each case record to show that need has been properly determined and it must be revised whenever a reinvestigation is made or the situation changes. Budget work sheets which are not current should be kept in the case record as long as is necessary for review purposes.

Chapter IV - STANDARDS OF ASSISTANCE

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The statutes of Massachusetts require that assistance payments shall be based on need. Need is defined as a condition resulting from lack of income or other resources sufficient to maintain a content of living compatible with health, self-respect and decency. The use of the STANDARDS OF ASSISTANCE is mandatory in OAA, DA, AFDC, GR and for personal needs in MA.

AFDC families are to be aided in accordance with the material outlined in Section A, Part 1; individuals receiving assistance in OAA and DA are to be aided in accordance with Section A, Part 2; and GR individuals and families are to be aided in accordance with Section A, Part 3. The items described in Section A, Parts 1, 2 and 3 are the full range of benefits to be provided in each category of assistance as outlined in this material.

The STANDARDS OF ASSISTANCE consist of three parts, each of which is necessary in determining whether or not an individual or family is in need, what income or resources the individual or family has to meet this need and how much assistance is necessary. These three parts are:

1. Standard Budget

   The Standard Budget outlines the items included in computing the needs of the individual or the family. A description of each item, together with the Budget Item Cost Schedule which reflects the amount allowed for each item, constitutes the Standard Budget.

2. Standards for Evaluating Income

   These are the procedures that have been developed for evaluating income from money, goods, services or income from resources which are available or can be made available for meeting the requirements of recipients.

3. Assistance Plans

   These are the procedures for determining the amount of assistance required according to the composition of the household unit and the living arrangements of the recipient(s). Plans are provided in AFDC, OAA, DA and GR that appear to meet all possible living arrangements. Cuban refugees are to be budgeted in accordance with the standards for the above-mentioned Federally aided categories. Assistance under GR is to be provided only when there is no eligibility under the other categories of assistance. Cases of individuals or families which do not fit into these assistance plans are to be budgeted according to the Budget Item Cost Schedules ~~in Section D~~ and the facts in the individual situation. The worker shall exercise sound social judgment in determining need as it actually exists.

Arithmetical Errors

Budgeting tables are provided in AFDC, OAA, DA and GR. A clear, concise statement of the budgeted needs must appear in the case record. Errors involving arithmetical miscalculations will result in a corrective payment action by the Department back to the date of the error.

DEFINITIONS

The following definitions shall apply whenever these terms are used:

Family Group

A family group consists of two or more persons living together in the same household who are related by blood or marriage.

Self-sufficient Wife

A wife shall be considered self-sufficient if she has personal property in excess of the exemption allowed in the particular program or has net income equal to or in excess of her pro-rated needs according to the Standards of Assistance. A wife who has personal property and income less than specified above shall be considered non self-sufficient.

Self-sufficient Husband

The husband shall be considered self-sufficient when his income is sufficient to meet his maintenance needs in accordance with the Budget Item Cost Schedule.

Basic and Non-Basic Needs

Basic needs are the items of the Standard Budget which are included in the Simplified Assistance Tables. These items are essential for the maintenance of individuals and families. In addition certain other non-basic items as outlined in Section A are provided when they are essential to the welfare of a family and the need has been determined to exist on an individual basis.

I. Standard Budget Needs

The items included in the AFDC Standard Budget are: Food, Rent or Carrying Charges, Fuel and Utilities, Household Supplies and Replacements, Clothing, Personal Care, and special needs other than the exceptions herein specifically provided. Provision for the items included is made in the AFDC-Consolidated Grant Table in this Section and represent the total standard amount for each size of family adjusted for the cost of living.

II. Special Needs

A. Non-WIN Training Costs are to be provided as a separate special payment under the following conditions:

1. The Assistance Payments worker transmits to the Social Services Unit an Informational or Referral Communication for (SOC-7) and a Request For Non-WIN Training Related Expenses (Form AP-11) which has been completed by the recipient.

2. The Social Services Unit reviews the training plan, makes a decision to approve or disapprove the plan and records the decision on the SOC-7. The SOC-7 must be returned to the AP worker within two weeks of the request date.

3. Non-WIN training costs such as lunches, transportation, uniforms and tools, to the extent that these allowances do not duplicate allowances granted by other agencies, shall be authorized by the AP worker for approved training plans.

B. Medical Transportation will be reimbursed by vendor payment in accordance with the provisions of the medical care plan (Chapter VII, Section Q).

III. Referral For Social Services

The following items are to be referred on a SOC-7 form to the Services Unit whenever they are requested or the need for them is noted and the applicant or recipient agrees to such referral:

(a) Housekeeper Service

(b) Homemaker Service

(c) Day Care Service

(d) Non-WIN Training Service

(e) Other services for which no specific provision is made in this section.

IV. Instructions for Use of AFDC Consolidated Grant Tables I and V

The amounts listed in these tables include the needs of the family according to the number of persons participating in the AFDC grant.

A. AFDC Consolidated Grant Table I

This table is to be used for all AFDC families, except for those families in which the only persons participating in the AFDC grant are the child-(ren) of a remarried mother.

B. AFDC Consolidated Grant Table V - Child(ren) of Remarried Mother not in Need

This table is to be used for the child(ren) of the remarried mother not in need. A share of the common household expenses is computed in this living arrangement.

The remarried mother's need or lack of need must be determined by taking the following steps:

1. Determine the spouse's net income (gross pay less AFDC work related expenses plus any other income).

2. Determine what the monthly AFDC budget would be for the spouse and his dependents including the remarried mother.

3. Deduct Item 1 from Item 2.

   a. If there is a surplus the mother is not in need and the child(ren) will be budgeted by using Table V.

   b. If there is a deficit the mother is in need and the following steps must be taken:

      (1) Determine what the monthly AFDC budget would be for the spouse and his dependents excluding the remarried mother;

      (2) deduct from the AFDC budget the amount of the spouse's net income (gross pay less AFDC work related expenses plus any other income).

      (3) Budget the remarried mother and the child(ren) by the previous marriage by using Table I and deduct any surplus that was determined in step 2 above.

The remarried mother's income, less AFDC work related expenses, is available for the needs of her child(ren) and herself.

V. Determination of Grant

The grant is determined by deducting all income defined in Section B of this Chapter from the appropriate Consolidated Grant figure.

Minimum Grant - The deficit as computed shall be rounded off to the next higher zero for purposes of bookkeeping convenience. If the deficit is less than $2.00, the minimum monthly grant shall be $2.00. If no deficit exists, no direct payment is to be granted.

VI. AFDC Budget Procedure - Resource of Children

When a mother has children by different fathers, occasionally there will be situations where the resource of the child(ren) of one father is sufficient to meet his or her need. In such instances, the child(ren) must not be counted in the number of persons participating in the grant. When the resource of the child(ren) is insufficient to meet their need, they are to be included in the number of persons participating in the grant.

VII. Special Factors

When a dependent eligible child is attending school or college away from home, (s)he is to be included in the number of eligible participants in the grant.

VIII. Quarterly Payments

A. New Cases

At the time of the initial payment of assistance a separate prorated quarterly payment is to be made to provide for the additional needs of each eligible person whose needs are included in the initial regular assistance payment. This payment is to be based on the number of semi-monthly pay periods remaining in the quarter including the pay period to which the assistance has been made retroactive not to exceed a maximum of six (6) such pay periods. (See Table II) Form AFDC-1 must be enclosed with a prorated quarterly payment check.

B. Continuing AFDC Cases

A separate quarterly payment is to be made to provide for the additional needs of each eligible person whose needs are included in the regular assistance payment at the beginning of each quarter. This payment is to be made to the grantee-relative not later than the 18th of March, June, September, and December. (See Table II, Column 6) Form AFDC-1 must be enclosed with the quarterly payment check.

IX. Layette for New Born Infant

A $50.00 money payment will be provided for a layette for a new born infant. The SS9A will be used to generate this payment (code"k"-write "Layette" in Block 55).

AFDC - CONSOLIDATED GRANT TABLE I

Persons Participating in Grant									
1	2	3	4	5	6	7	8	9	10
190.20	231.90	281.30	330.80	380.20	429.70	479.20	528.70	578.10	627.60

AFDC CONSOLIDATED GRANT TABLE V - CHILD(REN) OF REMARRIED MOTHERS NOT IN NEED									
Persons Participating in Grant									
1	2	3	4	5	6	7	8	9	10
83.60	133.00	182.50	231.90	281.40	330.80	380.40	429.80	479.30	528.70

In both Table I and Table V, for a family of 11 or more, add $49.40 per person.

GUIDE FOR INCOME-IN-KIND

The following table provides the amount for specific items in Consolidated Grant Table I, except that the food figure applies to both Table I and Table V.

(a) to be allowed in authorizing assistance in the vendor payment process for situations of critical need during application, and for protective vendor payments in accordance with State Letter 258.

(b) to determine the value of resources such as shelter, rent or full provision of any of the specified items at no cost to the recipient.

RENT	Unheated Facility	$ 84.00 per month
	Heated Facility	$104.00 per month
FUEL		$ 23.00 per month
UTILITIES		$ 15.00 per month
FOOD (individual)		$ 34.50 per month

This service is to be provided directly by the Department where staff is available or it may be purchased from a voluntary or other public agency having a homemaker program. Continued use of the service must be reviewed as provided in the plan for this service but no later than at the end of each three month period.

The reasons for the initial and continuing need of this service are to be documented in the case record.

When service is given by a voluntary or other public agency, payment for the service shall be made directly to the agency.

Homemaker Services may include:

Management or household routines
Instructions in household skills
Care and supervision of children and adults
Routine light housekeeping
Light laundry
Planning, preparation and serving of meals
Instruction in child care and homemaking skills
Marketing, planning and preparation of meals
Reporting of observation which may affect casework plan

F. Training Expenses

Expenses related to participation in a work experience or training program are to be provided in accordance with the policies outlined in State Letter 242 (Work Incentive Program).

G. Day Care Services

Supplemental child care services are to be provided in accordance with Department policy.

3. Quarterly Benefits

a. New Cases

Prorated Quarterly Payment

At the time of the initial payment of assistance a separate prorated quarterly payment is to be made to provide for the additional needs of each eligible person whose needs are included in the initial regular assistance payment. This payment is to be based on the number of semi-monthly pay periods remaining in the quarter including the pay period to which the assistance has been made retroactive not to exceed a maximum of six (6) such pay periods. (See Table II.) Form AFDC-1 must be enclosed with a prorated quarterly payment check.

b. Continuing AFDC Cases

Quarterly Payments

A separate quarterly payment is to be made to provide for the additional needs of each eligible person whose needs are included in the regular assistance payment at the beginning of each quarter. This payment is to be made to the grantee-relative not later than the 18th of March, June, September and December. (See Table II, Column 6.) Form AFDC-1 must be enclosed with the quarterly payment check.

4. Additional Benefits

Welfare Service Office Responsibility

Approval for the needs outlined below is to be made by the WSO Director or a designee in the Director's absence.

a. Initial Needs

Provision is to be made in a new AFDC case (or reapplication after being closed for one (1) year) in accordance with existing Department guidelines for the purchase or replacement of household equipment and supplies as well as the purchase, replacement or repair of furniture. An investigation must be made by the worker with the prior written determination by the supervisor that such a need exists. Eligibility for these initial needs will be for thirty (30) days, beginning on the date the SS9A authorization form is signed by the supervisor signifying that the family is eligible for assistance under the AFDC program.

b. Hardship Situations

Hardship situations occasionally occur in AFDC which require immediate resolution and cannot be met with the allowances provided in the semi-monthly and quarterly payments or with other resources available to

recipients. The following are defined as hardship situations and include the conditions for each situation which have to be met before authorization for payment is made. A hardship situation is one which presents a threat to the life, health or safety of a recipient.

(1) Disaster

Furniture, household equipment and supplies and clothing are to be provided in accordance with Department guidelines when replacement is necessary due to a fire, flood or other such natural disaster beyond the control of the family. Food is to be provided in accordance with budgetary standards (Chapter IV, Section D) to carry the family through to the next pay period. If the disaster is of such severity that the family must move, one (1) month's rent is to be paid in advance to enable the family to relocate as quickly as possible.

(2) Eviction From a Furnished Apartment

Basic furniture and household equipment and supplies are to be provided when a family receives a notice from a court that eviction proceedings have been commenced; or when it is verified that a family which occupies a furnished apartment with others, but is not directly responsible to the landlord, is actually expelled or excluded from that apartment; provided that every effort has been made by the recipient and the WSO to relocate the family in similar housing without success and the family does not have sufficient basic furniture to set up housekeeping.

(3) Additional Eligible Persons

Additional furniture and household equipment and supplies are to be provided in accordance with Department guidelines when the number of eligible persons in the family increases due to the birth of a child or the return of a family member such as the return of a child to the home from foster care.

(4) Moving Expenses

The cost of moving within the State may be approved once in a twelve (12) month period. Exceptions to this policy are limited to additional moving expenses required because of fire, flood or other such major natural disaster.

(5) Appliances

(a) Appliance Repair

Repair of refrigerators, washing machines, stoves or heaters (including hot water) when in the written opinion of the serviceman the life or usefulness of such appliance would be sufficiently extended to warrant the expenditure. The customary charge for the service call is to be authorized when a determination has been made that the appliance does not warrant repair.

(b) Appliance Replacement

Refrigerators, washing machines, stoves or heaters (including hot water) which do not warrant repair in the written opinion of the serviceman may be replaced. When authorized, the cost for providing the item must be within the prices contained in Schedule B, Section A, Part 1 in Chapter IV of the PA Policy Manual.

(c) Purchase of Stoves or Refrigerators

When an AFDC family moves from a rental unit and it is verified that the stove or refrigerator in that rental unit is the property of the landlord, a stove or refrigerator (or both) is to be provided in accordance with existing Department guidelines.

(6) Shelter Arrearages

Shelter arrearages when the landlord has commenced ejectment proceedings and the recipient has been served with (a) a notice to quit and (b) a summons to answer to ejectment proceedings or in the case of a homeowner written notice of intent to initiate foreclosure proceedings or when foreclosure proceedings have been initiated due to a mortgage or real estate tax arrearage. Payment of the back rent, overdue mortgage or real estate tax will only be made on the condition that the summary process proceedings or foreclusure proceedings will be dismissed in return for the payment and that the living arrangement will continue.

(7) Fuel and Utility Arrearages

Gas, electric or fuel oil arrearages when verification has been made that a recipient has received a shut-off notice and an agreement has been established between the recipient and the vendor that the service will continue. The agreement reached between the recipient and vendor must be recorded in the case record. A fuel or utility arrearage payment may be made for only one utility once in a twenty-four (24) month period.

(8) Storage

When the payment of accrued storage costs would be less expensive than the purchase or replacement of furniture, such costs shall be paid.

Regional Office Responsibility

Approval for the additional hardship situations outlined below is to be made by the Regional Office Administrator or his designee.

(1) Emergency Shelter

The cost of providing temporary or emergency living arrangements in hotels or motels when the Regional Administrator has determined that there is no other feasible alternative. The WSO must include in the request to the Regional Office a statement of the efforts the recipient and the WSO have made to secure other public or private housing. The Regional Administrator shall have sole authority to take whatever steps may be necessary to place a person in a hotel or motel and to expedite the removal of a family from such facilities.

(2) Home Repairs

When a home owned by a recipient requires unusual repairs, the cost of such repairs may be authorized by the Regional Administrator up to a maximum of $500 if the following conditions are met:

(a) continued occupancy of the home in its present condition is detrimental to the health and safety of the family;

(b) the family will have to move to other living quarters unless the repairs are made; and

(c) the request from the WSO is based on the lowest of three written estimates received from a skilled workman or contractor specializing in the particular repair needed.

In those cases where estimated repairs exceed the $500 and the Regional Administrator determines an extraordinary hardship problem will occur if the family is forced to move, the request for repairs with the estimates will be forwarded to the Regional Coordinator's office for review.

(3) Referral Procedures

In the situations outlined above under Regional Office Responsibility which do not permit authorization of the particular need by the WSO a request to the Regional Office is to be prepared by the social worker which will include the detailed reasons for the need. The request is to be submitted to the WSO Director, who, if he approves will forward the request to the Regional Office for consideration. The WSO Director is responsible for the timely review and submittal of hardship requests to the Regional Office. If the WSO Director does not approve the request he will so notify the social worker.

c. Register Control

The WSO or CSC and Regional Offices are responsible for keeping a register of cases receiving approval for additional benefits under this section listing the reasons for approval and the items authorized.

d. Authorization Procedures

(1) Authorization Form

Form SS9E (Authorization and Claim from Hardship Fund) is to be used for prior approval and as a claim for payment by the vendor. This form is the only form to be used in processing claims for hardship and initial needs expenditures as outlined under this section (Additional Benefits). A separate SS9E is to be used for each type of service or purchase since only claims by one vendor can be authorized on each SS9E. This form is pre-numbered and will be numerically controlled at Central Office. Form SS9E is to be prepared by the social worker.

Each WSO or CSC will approve hardship and initial needs requests in accordance with the Department regulations and fee schedules. Since the recipient has the right to choose the vendor in the case of purchases the social worker has the responsibility to ascertain whether the vendor is able to provide the specified items within the limits of the applicable fee schedules.

In the situations where a shelter, fuel or utility arrearage is to be paid the social worker must verify the amount due for entry on Form SS9E.

(2) Completion of Form SS9E

Form SS9E must be typewritten or printed in ink and only the first section is to be completed. In order to identify the type of need that is being met the letters IN for initial needs or HS for hardship situations is to be entered in the upper right hand corner below the invoice number.

When the approval is for items of furniture or household equipment and supplies the Department's Sales Tax Exemption Certificate Number E04-60-02-284 is to be entered to the right of the Vendor number block in the section "Claim For Payment For Vendor Use Only". The remainder of this section is to be completed by the vendor.

The name and present address of the recipient are to be entered even if a utility payment is for service provided at a prior address.

Authorized items to be purchased are to be individually listed with the fee schedule allowable cost. For administrative control purposes the total amount authorized is to be the next highest dollar.

The authorization is to be signed by the social worker and the WSO or CSC Director or his designee in his absence.

When the authorization has been approved the social worker must complete the appropriate instruction card to be mailed with the authorization. These additional forms are:

HS - 1	Instructions to Recipient - English
HS - 2	Instructions to Recipient - Spanish
HS - 3	Instructions to Landlord, Bank, Utility Company

In those instances requiring Regional Office approval (Emergency Shelter and Home Repairs) the authorization and the instruction card are to be completed, signed by the social worker and submitted to the Regional Office with the request for approval. When approved the authorization must be signed by the Regional Office Administrator or his designee. If not approved all documents including the SS9E are to be returned to the WSO or CSC.

(3) Transmittal of Form SS9E

The first and last copies of the authorization are to be mailed to the recipient with the appropriate instruction card HS-1 or HS-2.

When the authorization is for the payment of a shelter, fuel or utility arrearage the first and last copies of the authorization with the instruction card HS-3 are to be mailed directly to the vendor.

The second copy (yellow) is to be retained by the WSO or CSC for filing.

The third copy (pink) is to be mailed immediately to the Central Office Hardship Section. Payments will not be made to vendors when bills are submitted unless the third copy is on file in Central Office for matching purposes.

(4) General Instructions

Vendors must adhere to the instructions which appear on the reverse side of the vendor copy of the SS9E form. Department staff using this form must be familiar with these instructions.

Any problems arising between the vendor and the recipient are to be handled by the WSO or CSC. The WSO or CSC will also be responsible for the investigation of any discrepancy or problem in determining receipt of service by the recipient upon request of the Regional Office or Central Office Unit.

e. Payment and Reporting Procedures

Vendor payments are to be made in hardship situations and for initial needs by the Central Office Hardship Section.

On a monthly basis a listing of all payments made by Central Office authorized by each WSO or CSC will be produced. This listing will be sent to the WSO or CSC and is to be retained as a permanent record.

The Regional Office will receive a cumulative report of all payments by WSO or CSC on a monthly basis.

f. Right of Appeal

The procedures outlined in Chapter VI of the PA Policy Manual relative to the appeal process are available to AFDC recipients who are denied the benefits outlined in this material.

Trans. by S.L. 297

INSTRUCTIONS FOR THE USE OF AFDC TABLE I

Table I is provided for the determination of the assistance grants in AFDC.

The amounts listed in Table I for each living arrangement include the basic needs plus ASB of children 0 through 6 years of age. In Groups I, II and III when there is more than one person participating, one adult's adjusted basic needs are included. In Groups IV and V the adjusted basic needs of children are included.

In the table, since all costs for children are included to 6 years, adjustment must be made at age 7 and at age 13 for increased cost because of age. All adjustments will be effective and included in the budget as of the date the child reaches these age levels.

If an adjustment, due to age, had not been made in the budget at the appropriate time, then a payment (retroactive) to the child's birthday shall be made.

Adjustment must also be made if there are two adults participating in the grant.

Life insurance is not included in this table and shall be allowed when required as a non-basic need up to a monthly maximum of $1.70 for each adult and $.80 for each child.

Shelter costs are: rent or carrying charges, fuel and utilities.

In Table I, the five types of living arrangements are grouped as follows:

GROUP I - FULL COMMON SHELTER COSTS

This group includes any situation where: (1) the AFDC family or pregnant woman is responsible for the full shelter costs and does not reside with another family or individual. In this arrangement the recipient is entitled to a full rental exception based on actual rent; or (2) the recipient is responsible for paying the full shelter costs, but lives with a roomer or boarder, in which case income will be considered in accordance with Chapter IV, Section B. In this situation, client is entitled to the full rental exception based on actual rent; or (3) the AFDC family or pregnant woman shares the cost of shelter with a non-recipient(s). A rental exception shall be provided in this situation if the actual amount of rent paid by the recipient meets the standard of the rental exception tables. All payments from the non-recipient(s) towards the recipient's non-shelter expenses are to be considered as income; or (4) the AFDC family or pregnant woman shares the cost of shelter with an SSI recipient(s). A rental exception shall be provided in this situation if the actual amount of rent paid for the home meets the standard of the rental exception table. There can however, be no consideration given to the payment, income or resources of the SSI recipient(s) in this situation. (See Chapter IV, Section B, Page 11, Item 17.)

GROUP II - SHARED COMMON SHELTER COSTS

This group includes any type of living arrangement where the AFDC family or pregnant woman shares the shelter costs with (1) another AFDC family or pregnant woman, or (2) a GR family with children.

GROUP III - SHARED COMMON SHELTER COSTS WITH A GR INDIVIDUAL(S) OR GR FAMILIES WITHOUT CHILDREN

This group includes any type of living arrangement where the AFDC family or pregnant woman shares the cost of rent or carrying charges, fuel and utilities with a person(s) who is a recipient of GR Individual(s) or GR Families Without Children.

GROUP IV - NO COMMON HOUSEHOLD EXPENSES

This group includes any type of living arrangement when the AFDC family or pregnant woman does NOT pay rent or carrying charges, fuel and utilities.

This group also includes the AFDC case of a married or unmarried mother (father) with a child(ren) living in the home of her (his) parents and it is decided by the parents in whose name the home is owned or rented that the AFDC family does NOT have to participate in the cost of common household expenses.

GROUP V - SHARED COMMON HOUSEHOLD EXPENSES FOR CHILD(REN) OF THE REMARRIED MOTHER

The child or children of the remarried mother (not in need) will be budgeted in this group. A share of the common household expenses is computed in this living arrangement.

The budget worksheet (Form HE-1) consists of three sections--need, income and amount of grant. All computations for total amounts appearing on the worksheet are to be computed on the reverse side of the form.

The following steps are to be taken in computing the amount of assistance grant in family cases.

Table Figure - Enter the appropriate figure appearing in Table I.

Amounts to be Added to Table Figure when Applicable

Other Adult - If more than one adult is to be included in the budget, add appropriate figure for the other adult.

Children 7-12 - Add appropriate figure for each child in this age group included in the budget.

Children 13-20 - Add appropriate figure for each child in this age group included in the budget.

Non-Basic Needs - Cost of any non-basic need item, such as a special diet, is to be added to Table figure.

OTHER LIVING ARRANGEMENTS

If more than two AFDC families or pregnant woman are living together and sharing common household expenses, then budgeting procedures will be based on the actual living arrangements and in accordance with the ~~schedule in Chapter IV, Section D, page 2 of this Manual.~~ Rent and utilities will be figured on a proportionate share based on the number of families. "monthly Budget Item Schedule for AFDC"

(In situations involving non-recipients, they are responsible for their proportionate share of common household expenses.) ~~All computations shall be subject to the ASB factor of 56.09%.~~

Determination of Grant

The grant is determined by deducting all income defined in Chapter IV, Section B, from the total budgeted needs.

Minimum Grant - The deficit as computed shall be rounded off to the next higher zero for purposes of bookkeeping convenience. If the deficit is less than $2.00, the minimum monthly grant shall be $2.00. If no deficit exists, no direct payment is to be granted.

AFDC Budget Procedure - Resource of Children

When a mother has children by different fathers, occasionally there will be situations where the resource of the children of one father is sufficient to meet the need. In such instances, the children must be excluded from the budget in the determination of the grant. The budget for the other members of the family in the home is to be in accordance with Table I, Group I. When the resource of these children is insufficient to meet their need, they are to be included in the regular budget procedure.

Special Factors

When a dependent eligible child is attending school or college away from home, all his needs are to be included in the basic budget in accordance with the Monthly Budget Item Schedule.

Trans. by S.L. 354

AFDC - Simplified Assistance Table

	Persons Participating in Grant									
*Group	1	2	3	4	5	6	7	8	9	10
I	178.20	203.00	235.50	268.10	300.60	333.20	365.70	398.30	430.80	463.40
II	91.60	142.40	174.90	207.50	240.00	272.50	305.10	337.60	370.20	402.70
III	108.40	159.20	191.70	224.30	256.80	289.40	321.90	354.40	387.00	419.50
IV	32.50	65.00	97.60	130.10	162.70	195.20	227.80	260.30	292.90	325.40
V	71.60	104.10	136.70	169.20	201.80	234.30	266.90	299.40	332.00	364.50

*Group:

I - Full Common Household Expenses

II - Shared Common Household Expenses

III - Shared Common Household Expenses with GR individual(s) or GR Family Without Children

IV - No Common Household Expenses

V - Shared Common Household Expenses for Child(ren) of the Remarried Mother

Amounts to be Added to Table Figure When Applicable

Other Adult - $ 19.70

Children

Age 7 thru 12 - $ 15.00 each child

Age 13 thru 20 - $ 23.90 each child

Insurance

Adult - $1.70 each

Child - $ .80 each

Trans. by S.L. 343

TABLE II

AFDC - Determination of Quarterly Payment

The quarterly payment is based on the number of semi-monthly pay periods remaining in the quarter including the pay period to which the assistance has been made retroactive, not to exceed a maximum of six (6) such pay periods which equals the total quarterly payment.

Family Size	Pay Periods					
	1	2	3	4	5	6 (Max.)
1 Person	$ 7.20	$ 14.40	$ 21.60	$ 28.80	$ 36.00	$ 43.20
2 Persons	14.30	28.60	42.80	57.10	71.30	85.60
3 "	16.60	33.10	49.60	66.10	82.60	99.30
4 "	18.90	37.70	56.50	75.30	94.10	113.00
5 "	21.20	42.30	63.40	84.50	105.60	126.70
6 "	23.50	46.90	70.30	93.70	117.10	140.50
7 "	25.70	51.40	77.10	102.80	128.50	154.20
8 "	28.00	56.00	84.00	111.90	139.90	167.90
9 "	30.30	60.60	90.80	121.10	151.40	181.60
10 "	32.60	65.10	97.60	130.20	162.70	195.30
Add for each additional person over 10	2.30	4.60	6.90	9.20	11.50	13.80

This table is to be used when a rental exception is approved. Exceptions are limited to a maximum of $26.00 a month above the adjusted amount provided in the budget. For example, if an AFDC mother is paying $92.00 for an unheated apartment, move down the appropriate column to $92.00 and the amount to be allowed is $11.00.

AFDC

Unheated - $50.		Heated - $62.	
If actual rent is:	Monthly Increase:	If actual rent is:	Monthly Increase:
$81. or less	$ 0.00	$100. or less	$ 0.00
82. add	1.00	101. add	1.00
83.	2.00	102.	2.00
84.	3.00	103.	3.00
85.	4.00	104.	4.00
86.	5.00	105.	5.00
87.	6.00	106.	6.00
88.	7.00	107.	7.00
89.	8.00	108.	8.00
90.	9.00	109.	9.00
91.	10.00	110.	10.00
92.	11.00	111.	11.00
93.	12.00	112.	12.00
94.	13.00	113.	13.00
95.	14.00	114.	14.00
96.	15.00	115.	15.00
97.	16.00	116.	16.00
98.	17.00	117.	17.00
99.	18.00	118.	18.00
100.	19.00	119.	19.00
101.	20.00	120.	20.00
102.	21.00	121.	21.00
103.	22.00	122.	22.00
104.	23.00	123.	23.00
105.	24.00	124.	24.00
106.	25.00	125.	25.00
107. or over	26.00	126. or over	26.00

SPECIAL DIETS

The appropriate figure appearing below is to be added to the simplified assistance table figure in any category when a special diet has been recommended in writing by a physician. Only one diet may be prescribed for an individual.

SCHEDULE FOR ADULTS

TYPE OF DIET	AMOUNT TO BE ADDED
Low Sodium	$18.70
Bland	31.20
High Calorie	36.30
Diabetic #1	27.00
Diabetic #2	29.10
Low Calorie	16.60
Low Fat	15.60
Pregnancy	17.70

SCHEDULE FOR CHILDREN

TYPE OF DIET	AMOUNT TO BE ADDED
Bland	$37.40
High Calorie	35.30
Diabetic Diet #1	29.10
Diabetic Diet #2	38.40
Low Calorie	24.90

The above types of diets are prescribed for the diagnoses outlined below.

Low Sodium - For treatment of kidney or circulatory diseases such as malignant hypertension, congestive heart failure, nephritis with edema.

Bland - For treatment of peptic ulcers, gastritis, colitis, spastic constipation, diverticulosis or other disorders of the gastrointestinal tract.

High Calorie - For treatment of nephrosis, toxemia, post-operative cases, severe burns, rheumatic fever, tuberculosis, malnutrition and convalescence after illness.

Diabetic - Two diabetic diets are included, varying with the amount of carbohydrates, protein and fat. No. 1 contains 180 grams carbohydrate, 80 grams protein and 80 grams fat; No. 2 contains 220 grams carbohydrate, 90 grams protein and 80 grams fat.

Low Calorie - For treatment of obesity.

Low Fat - For treatment of conditions requiring food low in cholesterol.

Unusual diets not listed here shall be treated on an individual basis and computed by a home economist or nutritionist.

The steps involved in establishing the assistance grant for situations in which the case cannot be budgeted by the simplified method in AFDC are:

1. Identify basic and non-basic budgetary needs according to living arrangements.

2. Compute total basic and non-basic budgetary needs using the current amounts for other adult and children ages 7 through 12 and ages 13 through 20.

3. Determine the income of the applicant or recipient.

4. Compute deficit between 2 and 3 which represents the amount of assistance payment, if any. Whenever the computed budget deficit is less than $2.00, the minimum monthly grant shall be $2.00. The deficit as computed shall be rounded off to the next highest zero for purposes of bookkeeping convenience. If no deficit exists, no direct payment can be granted.

Trans. by S.L. 343

AFDC

	ADULTS		CHILDREN		
	Alone	With Another or Others	0 thru 6	7 thru 12	13 thru 20
Food	$45.60	$38.00	$21.60	$31.10	$38.70
Clothing	8.50	8.50	7.40	12.40	12.90
Personal Care	4.10	3.70	1.50	1.80	2.60
Household Supplies & Replacements	2.20	2.20	2.20	2.20	2.20

Other Adult $19.70

AFDC INDIVIDUALS

	Heated	Unheated
Rent	$70.90	$50.60
Fuel and Utilities	13.50	33.80

AFDC FAMILIES

Heated	Unheated
$104.60	$84.40
13.50	33.80

Life Insurance Premiums	AFDC Adult	AFDC Child
	$1.70	$.80

Infant's Layette (Total Cost)
$50.00

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Pages 4 and 5 of this Part 1 of Section A identify the "Additional Benefits" which may be approved for families receiving AFDC under certain specific circumstances. When such circumstances do exist and when the required procedures have been carried out the standards contained in the attached schedules are to be used.

Items are to be approved only in the prescribed situations and only when they are lacking or have become unserviceable and cannot be made available from some other source. Items of furniture must be beyond repair and not customarily the responsibility of the landlord to provide and not included as part of the rental charge.

The determination that such needs exist must be made on an individual basis by the social worker and are to be provided only when approved as required under Department policy for the specific circumstance.

2. If an application shows that the applicant has available excess net monthly income (and the applicant is not in a licensed nursing home, licensed chronic hospital, or approved public medical institution) the surplus income is to be calculated and the applicant shall be notified through use of NFL #8 that the WSO has not approved his case and that he is responsible for applying his surplus income toward payment of medical expenses if he is to become eligible. In the event that a medical institution participates in the application process, send a copy of the NFL #8 to the institution.

   The applicant is then responsible for submitting to the WSO itemized bills or receipts for medical care or services in accordance with provisions outlined in PA Policy Manual, Chapter IV, Section B. When the applicant satisfies this requirement, the WSO shall take the following steps:

   a. The bills or receipts which are totally the recipient's liability are to be recorded on the Non-Standard Medical Invoice Summary Sheet (PA-32) to avoid paying bills which may be resubmitted by the vendor at a later date.

   b. The "split" bill (that bill which is partially the recipient's liability and partially the Department's liability) is to be batched with PA invoices of the same type and should be partially disallowed, using a disallowance code I on invoices. If there is no split bill, ignore this instruction.

   c. A Temporary Eligibility Letter (Form ID-2, Rev. 4/73) is to be issued to a case from the date of eligibility (effective date) for the remainder of the month or until a Medicaid Eligibility Card can be issued.

   d. An authorization is to be issued in accordance with the Instructions for Completion of Authorization of Grant and Medical Assistance (Form SS9A, Rev. 3/72). The date of eligibility will be the Medical Start Date in block 17, and the Deduct Code in block 27 will be 1. The Medical Start Date is the date of service of the first bill, or 90 days prior to the recipient's application, whichever is later. A surplus income case will always have a Deduct Code of 1, even after the surplus has been incurred. Note that these cases will be receiving Medicaid Eligibility Cards during their closed end six-month period for not more than six months.

3. If an approved application shows that the applicant has available excess net monthly income and he is in a licensed nursing home, chronic hospital, or approved public medical institution, and if his monthly expenses are greater than the available excess net monthly income, the following steps are to be taken:

a. A Temporary Eligibility Letter (Form ID-2a) is to be issued to the case from the date of eligibility (effective date) for the remainder of the month.

b. An authorization is to be issued according to the Instructions for Completion of Authorization of Grant and Medical Assistance (Form SS9A, Rev. 3/72). The date of eligibility will be the Medical Start Date in block 17 and the Deduct Code in block 27 will be a 3. An excess income case receiving chronic institutional care will always have a Deduct Code in block 27 of 0.

REDETERMINATION OF ELIGIBILITY

It is of critical importance that each surplus income case be redetermined during the first two weeks of the last month of the closed end six month period. At this time, a listing of cases to be redetermined will be issued to the WSO.

If the redeterminstion shows that the case has available excess net monthly income (and the applicant is not in a licensed nursing home, licensed chronic hospital, or approved public medical institution) the surplus income is to be calculated and the individual or family shall be notified through the use of Notification Form Letter #8 that his case has been redetermined ineligible and he must again apply surplus income toward payment of medical expenses. An SS9A must be issued closing the case at the end of the closed 6 month period.

The individual or family is then responsible for submitting to the WSO itemized bills or receipts for medical care or services, the bills or receipts are to be recorded on a PA-32 form, and a Temporary Eligibility Letter (Form ID-2, Rev. 4/73) is to be issued to the applicant and an SS9A authorization form is to be completed showing the new Medical Start Date and any other necessary changes.

Each month the listing of cases to be redetermined will be sent before the next ID Card is issued. The WSO should close these cases and redetermine the recipient's surplus in each case. A termination notice will be mailed automatically at least 15 days prior to the end of the six month period. Any cases which the WSO does not close and are over the six month period when the next ID card is issued will be closed automatically. These cases will be posted to a special listing of closed surplus income cases sent to each WSO each month. Any time a change in status occurs which requires a change in the Deduct Code in block 27 (except when changing to Deduct Code 0) the case must be closed and then reopened with a new Medical Start Date.

The sample Temporary Eligibility Letter (Form ID-2, Rev. 4/73) and Temporary Eligibility Letter (Form ID-2a) should be detached from MA Letter 72 and attached to this MA Letter.

REVISED MATERIAL

NFL Letter #8, Rev. 12/73

OBSOLETE MATERIAL

MA Letter 72
NFL Letter #8 - transmitted by MA Letter 72

The Commonwealth of Massachusetts
Department of Public Welfare

STEVEN A. MINTER
COMMISSIONER

Dear

This is to notify you that your application for Medical Assistance has not been approved, because you have income in excess of allowable limits. However, if in the six month period beginning with the date of your first medical service you incur medical expenses of $_____, you will then be eligible to have medical bills which exceed this amount paid in accordance with the provisions of the Department's Medical Care Plan.

In other words, for the six month period you are responsible for the payment of medical bills up to the amount stated above, and the Department in accordance with provisions of its Medical Care Plan, will be responsible for the payment of medical bills in excess of that amount.

In order to become eligible for payment of bills in excess of the required amount, the bills or receipts for medical care or medical services which equal or exceed the amount stated above must be presented to this office. These bills or receipts must be for medical care or services received only during the six month period beginning on the date of service of the first medical bill.

If you present the bills and are found to be eligible, you will initially be given a temporary letter of eligibility to present to medical vendors. You will be notified two weeks prior to the end of your period of eligibility that your eligibility must be redetermined by this office.

Please contact this office if you have any questions regarding your eligibility. If you disagree with this decision, you have the right to appeal. You may do so by contacting this office and asking for an appeal form requesting a fair hearing or a review without a hearing. You must file this appeal within 60 days of this notice.

Please be advised that this is an important document and should be carried on your person at all times.

_____	_____	_____	_____
Region Code	Office Code	Category Code	Social Security Number

Very truly yours,

_____
WELFARE SERVICE OFFICE

NFL #8
Rev. 12-73

SSI

STANDARDS FOR CLOTHING

SCHEDULE A

FEMALE		MALE	
2 Dresses	$ 9.00 (each)	2 Shirts	$ 3.50 (each)
1 Shoes	8.00	2 Slacks	9.00 (each)
1 Sweater	7.00	1 Shoes	11.00
1 Winter Coat*	24.00	1 Sweater	7.00
1 Boots*	7.00	1 Winter Coat*	22.00
1 Sweater*	8.00	1 Boots*	7.00
		1 Sweater*	7.00

*These items are to be provided for winter months only.

Trans. by S.L. 326

SSI

STANDARDS FOR FOOD

SCHEDULE B

The amount that may be expended for the replacement of food lost by an SSI recipient as a result of a natural disaster or fire will be limited to a maximum of $50.00.

Trans. by S.L. 326

SSI

STANDARDS FOR FURNITURE

SCHEDULE C

ITEM	BASIS OF ISSUE	DESCRIPTION	PRICE WITH 10% VARIANCE ALLOWED	SOURCES
Kitchen				
Table & 4 Chairs	1 Table per house		$70.00	Items may be purchased at department stores or discount houses carrying recognized national brands Bargain basements and sales will be used when practical.
Refrigerator	Only when not furnished by landlord	11 to 12 cu. ft.	$150.00	
Range (Range (gas on gas) (Parlor Heater)	Only when not furnished by landlord No central heating	Gas where available	$150.00 plus Installation cost (when necessary) (At cost available at Local Gas Co.)	
Hot Water Heater	Only when not furnished by landlord		$125.00 (installed)	
Bedroom				
Bed (full or twin)		Metal Frame Head Board Innerspring Mattress	($14.00) ($18.00) Total ($35.00) ($102) ($35.00)	

Trans. by S.L. 326

SSI

STANDARDS FOR FURNITURE

SCHEDULE C

ITEM	BASIS OF ISSUE	DESCRIPTION	PRICE WITH 10% VARIANCE ALLOWED	SOURCES
Bedroom				
Dresser or Chest	1 when no other storage space is available	Hardwood frame, dove-tail Joint drawers, drawer glides, 4 drawer minimum	$60.00	Items may be purchased at department stores or discount houses carrying recognized national brands. Bargain basements and sales will be used when practical.
Pillows	One per person	Synthetic filling is recommended	$3.00	
Living Room				
Chairs	2 per home	Hardwood Frame	$40.00 each	
Lamps, Table or Floor	1 per room only when other means of lighting is lacking		$12.50 per lamp	

Trans. by S.L. 326

SSI

STANDARDS FOR HOUSEHOLD EQUIPMENT AND SUPPLIES

SCHEDULE D

ITEM	BASIS OF ISSUE	DESCRIPTION	PRICE WITH 10% VARIANCE ALLOWED	SOURCES
Household Supplies				
Blankets	Up to 2 per bed	Washable	$5.50	Items may be purchased at department stores or discount houses carrying recognized brands. Bargain basements and sales will be used when practical
Sheets	4 per bed	Durable Quality	$2.50	
Pillow Cases	1 pair per pillow	Durable Quality	$1.25 per pair	
Bath Towels	2 per person	Durable Quality	$1.50	
Face Cloth	2 per person	Durable Quality	$ .35	
Window Shades	As needed. Only when not provided by landlord	Durable Quality	$2.00 per window	
Pots and Pans	As needed	Durable Quality	$30.00 Maximum	
Dishes	As needed	Service for 4	$13.00	
Flatware	As needed	Service for 4	$12.00	

Trans. by S.L. 326

STANDARDS FOR CLOTHING

SCHEDULE A

AGE GROUP	Under 7	7 - 12	13 - 20
GIRLS			
2 Dresses	$ 5.00 (each)	$ 6.00 (each)	$ 9.00 (each)
1 Shoes	6.50	7.50	8.00
1 Sweater	4.00	5.00	7.00
1 Winter Coat*	15.00	21.00	24.00
1 Boots*	5.00	6.00	7.00
1 Sweater*	4.00	6.00	8.00
BOYS			
2 Shirts	2.50 (each)	3.00 (each)	3.50 (each)
2 Slacks	4.00 (each)	7.00 (each)	9.00 (each)
1 Shoes	7.00	9.00	11.00
1 Sweater	4.00	5.00	7.00
1 Winter Coat*	15.00	17.50	22.00
1 Boots*	5.00	6.00	7.00
1 Sweater*	4.00	6.00	7.00

*These items are to be provided for Winter months only.

Trans. by S.L. 269

STANDARDS FOR FURNITURE

SCHEDULE B

ITEM	BASIS OF ISSUE	DESCRIPTION	PRICE WITH 10% VARIANCE ALLOWED	SOURCES
Kitchen				
Table & 4 Chairs	1 Table per house		$ 70.00	Items may be purchased at department stores or discount houses carrying recognized national brands.
Kitchen Chairs	1 chair for each additional person beyond 4 in family		$ 15.00	
High Chair or Low chair	As needed	Durable quality	$ 20.00	Bargain basements and sales will be used when practical.
Refrigerator only when not furnished by landlord	Family of 5 and under	11 to 12 cu. ft.	$150.00	
	Family of over 5 members	14 cubic feet	$200.00	
Washing Machine	Family of 2 or over	12 lb. capacity	$155.00 Plus Installation cost (When necessary)	
Range (Range (gas on gas) (Parlor Heater)	Only when not furnished by landlord	Gas where available	$150.00 Plus Installation cost (When necessary)	
	No central heating		(At cost available at Local Gas Co.)	
Hot Water Heater	This cannot furnished by landlord		125.00 (installed)	
Dish Cabinet Utility Cabinet	When no other storage space is available		$ 35.00	

STANDARDS FOR ISSUANCE OF FURNITURE

SCHEDULE B

ITEM	BASIS OF ISSUE	DESCRIPTION	PRICE WITH 10% VARIANCE ALLOWED	SOURCES
Bedroom				
Bed (full or twin)	As needed depending on number of children and size of room	Metal Frame Head Board Innerspring Mattress	($14.00) ($18.00) Total ($35.00) ($102) ($35.00)	Items may be purchased at department stores or discount houses carrying recognized national brands. Bargain basements and sales will be used when practical.
Bunk Bed Set	As needed	Hardwood frame with mattress, steel link springs, ladder and guard-rail	$125.00	
Dresser or Chest	1 per 2 persons when no other storage space is available	Hardwood frame, dove-tail Joint drawers, drawer glides, 4 drawer minimum	$60.00	
Mirror	As needed		$20.00	
Crib	As needed	Hardwood panels teething rails	$30.00	
Crib Mattress	As needed		$10.00	
Playpen and Pad	When necessary for safety or protection of a child	Hardwood or nylon mesh	$20.00	
Stroller or Convertible	As needed for Children under age 3	Steel frame, vinyl cover	$30.00	

STANDARDS FOR ISSUANCE OF FURNITURE

SCHEDULE B

ITEM	BASIS OF ISSUE	DESCRIPTION	PRICE WITH 10% VARIANCE ALLOWED	SOURCES
Pillows	one per person	synthetic filling is recommended	$ 3.00	Items may be purchased at department stores or discount houses carrying recognized national brands. Bargain basements and sales will be used when practical
Living Room				
Sofa	one per home as needed	Durable Quality	$130.00	
Sofa Bed	May be substituted for sofa to provide a bed for a family member		$140.00	
Chairs	2 per home	Hardwood Frame	$ 40.00 each	
Lamps, Table or Floor	1 per room only when other means of lighting is lacking		$ 12.50 per lamp	

STANDARDS FOR ISSUANCE OF FURNITURE

SCHEDULE B

Service - Life Expectancy

The service-life expectancy of appliances below purchased new, according to United States Department of Agriculture publications is as follows:

Refrigerators	16 years
Washing Machines	11 years
Ranges	16 years

Continuing serviceability of such items depends on quality and care.

Trans. by S.L. 269

I. Standard Budget Needs

The items included in the AFDC Standard Budget are: Food, Rent or Carrying Charges, Fuel and Utilities, Household Supplies and Replacements, Clothing, Personal Care, and special needs other than the exceptions herein specifically provided. Provision for the items included is made in the AFDC-Consolidated Grant Table in this Section and represent the total standard amount for each size of family adjusted for the cost of living.

II. Special Needs

AFDC families may also have special needs which must be provided when they are essential to the welfare of the family. Non-WIN Training Costs are to be provided as a separate special payment under the following conditions:

(a) The requested need has been referred on an Informational or Referral Communication Form (SOC-7) to the Social Service Unit;

(b) The Social Services Unit has evaluated the need, has determined on a SOC-7 Form that the need exists and is approvable as a Service cost, has developed a plan for meeting the need, and specifies the approved cost to be allowed for the need;

(c) The Social Services Unit states on a SOC-7 Form it presently is unable to pay the stated cost through the Services procedures.

The following special need is not required to be referred to the Social Services Unit:

Medical Transportation included in the recipient's budget will be reimbursed by vendor payment in accordance with the provisions of the medical care plan (Chapter VII, Section Q).

III. Referral For Social Services

The following items are to be referred on a SOC-7 form to the Services Unit whenever they are requested or the need for them is noted and the applicant or recipient agrees to such referral:

(a) Housekeeper Service

(b) Homemaker Service

(c) Day Care Service

(d) Non-WIN Training Service

(e) Other services for which no specific provision is made in this Section

IV. Instructions for Use of AFDC Table I

Table I is provided for the determination of assistance grants in AFDC. The amounts listed in Table I include the needs of the family according to the number of persons participating in the AFDC grant.

V. Determination of Grant

The grant is determined by deducting all income defined in Chapter IV, Section B, from the total budgeted needs.

Mininum Grant - The deficit as computed shall be rounded off to the next higher zero for purposes of bookkeeping convenience. If the deficit is less than $2.00, the minimum monthly grant shall be $2.00. If no deficit exists, no direct payment is to be granted.

VI. AFDC Budget Procedure - Resource of Children

When a mother has child(ren) by different fathers, occasionally there will be situations where the resource of the child(ren) of one father is sufficient to meet his or her need. In such instances, the child(ren) must not be counted in the number of persons participating in the grant. When the resource of the child(ren) is insufficient to meet their need, they are to be included in the number of persons participating in the grant.

VII. Special Factors

When a dependent eligible child is attending school or college away from home, (s)he is to be included in the number of eligible participants in the grant.

VIII. Quarterly Payments

A. New Cases

At the time of the initial payment of assistance a separate prorated quarterly payment is to be made to provide for the additional needs of each eligible person whose needs are included in the initial regular assistance payment. This payment is to be based on the number of semi-monthly pay periods remaining in the quarter including the pay period to which the assistance has been made retroactive not to exceed a maximum of six (6) such pay periods. (See Table II.) Form AFDC-1 must be enclosed with a prorated quarterly payment check.

B. Continuing AFDC Cases

A separate quarterly payment is to be made to provide for the additional needs of each eligible person whose needs are included in the regular assistance payment at the beginning of each quarter. This payment is to be made to the grantee-relative not later than the 18th of March, June, September, and December. (See Table II, Column 6.) Form AFDC-1 must be enclosed with the quarterly payment check.

AFDC - CONSOLIDATED GRANT TABLE I

Persons Participating in Grant									
1	2	3	4	5	6	7	8	9	10
190.20	231.90	281.30	330.80	380.20	429.70	479.20	528.70	578.10	627.60

For a family of 11 or more, add $49.40 per person.

MONTHLY BUDGET ITEM SCHEDULE - STANDARD BUDGET NEEDS

The following table provides the amount for specific items:

(a) to be allowed in authorizing assistance in the vendor payment process for situations of critical need during application, and for protective vendor payments.

(b) to determine the value of resources such as shelter, rent or full provision of any of the specified items at no cost to the recipient.

RENT	Unheated Facility	$100.00 per month
	Heated Facility	$123.00 per month
FUEL		$ 23.00 per month
UTILITIES		$ 15.00 per month
FOOD (individual)		$ 34.50 per month

INSTRUCTIONS FOR THE USE OF AFDC TABLE I

Table I is provided for the determination of the assistance grants in AFDC.

The amounts listed in Table I for each living arrangement include the basic needs plus ASB of children 0 through 6 years of age. In Groups I, II and III when there is more than one person participating, one adult's adjusted basic needs are included. In Groups IV and V the adjusted basic needs of children are included.

In the table, since all costs for children are included to 6 years, adjustment must be made at age 7 and at age 13 for increased cost because of age. All adjustments will be effective and included in the budget as of the date the child reaches these age levels.

If an adjustment, due to age, had not been made in the budget at the appropriate time, then a payment (retroactive) to the child's birthday shall be made.

Adjustment must also be made if there are two adults participating in the grant.

Life insurance is not included in this table and shall be allowed when required as a non-basic need up to a monthly maximum of $1.70 for each adult and $.80 for each child.

Shelter costs are: rent or carrying charges, fuel and utilities.

In Table I, the five types of living arrangements are grouped as follows:

GROUP I - FULL COMMON SHELTER COSTS

This group includes any situation where: (1) the AFDC family or pregnant woman is responsible for the full shelter costs and does not reside with another family or individual. In this arrangement the recipient is entitled to a full rental exception based on actual rent; or (2) the recipient is responsible for paying the full shelter costs, but lives with a roomer or boarder, in which case income will be considered in accordance with Chapter IV, Section B, Page 2, item 5. In this situation, client is entitled to full rental exception based on actual rent; or (3) the AFDC family or pregnant woman shares the cost of shelter with a non-recipient(s). A rental exception shall be provided in this situation if the actual amount of rent paid by the recipient meets the standard of the rental exception tables. All payments from the non-recipient(s) towards the recipient's non-shelter expenses are to be considered as income.

GROUP II - SHARED COMMON SHELTER COSTS

This group includes any type of living arrangement where the AFDC family or pregnant woman shares the shelter costs with (1) another AFDC family or pregnant woman, or (2) a GR family with children.

GROUP III - SHARED COMMON SHELTER COSTS WITH A RECIPIENT OF SSI, GR INDIVIDUAL(S) OR GR FAMILY WITHOUT CHILDREN

This group includes any type of living arrangement where the AFDC family or pregnant woman shares the cost of rent or carrying charges, fuel and utilities with a person(s) who is a recipient of SSI, GR individual(s) or GR family without children. AFDC families or pregnant women who are living with an individual(s) who is receiving SSI and is budgeted by SSI in either living arrangement variation 2 or 3 are to be budgeted in this group.

GROUP IV - NO COMMON HOUSEHOLD EXPENSES

This group includes any type of living arrangement when the AFDC family does NOT pay rent or carrying charges, fuel and utilities.

This group also includes the AFDC case of a married or unmarried mother (father) with a child(ren) living in the home of her (his) parents and it is decided by the parents in whose name the home is owned or rented that the AFDC family does NOT have to participate in the cost of common household expenses.

This group also includes AFDC families who are living with an individual who is receiving SSI and is budgeted by SSI in living arrangement variation 1.

GROUP V - SHARED COMMON HOUSEHOLD EXPENSES FOR CHILD(REN) OF THE REMARRIED MOTHER

The child or children of the remarried mother (not in need) will be budgeted in this group. A share of the common household expenses is computed in this living arrangement.

The budget worksheet (Form HE-1) consists of three sections--need, income and amount of grant. All computations for total amounts appearing on the worksheet are to be computed on the reverse side of the form.

The following steps are to be taken in computing the amount of assistance grant in family cases.

Table Figure - Enter the appropriate figure appearing in Table I.

Amounts to be Added to Table Figure when Applicable

Other Adult - If more than one adult is to be included in the budget, add appropriate figure for the other adult.

Children 7-12 - Add appropriate figure for each child in this age group included in the budget.

Children 13-20 - Add appropriate figure for each child in this age group included in the budget.

Non-Basic Needs - Cost of any non-basic need item, such as a special diet, is to be added to Table figure.

OTHER LIVING ARRANGEMENTS

If more than two AFDC families are living together and sharing common household expenses, then budgeting procedures will be based on the actual living arrangements and in accordance with the schedule in Chapter IV, Section D, page 2 of this Manual. Rent and utilities will be figured on a proportionate share based on the number of families.

(In situations involving non-recipients, they are responsible for their proportionate share of common household expenses.) All computations shall be subject to the ASB factor of 1.6208.

AFDC - Simplified Assistance Table

Persons Participating in Grant

*Group	1	2	3	4	5	6	7	8	9	10
I		194.80	226.00	257.30	288.50	319.80	351.00	382.30	413.50	444.80
II	88.00	137.50	168.70	200.00	231.20	262.40	293.70	324.90	356.20	387.40
III	104.20	153.70	184.90	216.20	247.40	278.70	309.90	341.10	372.40	403.60
IV	31.20	62.40	93.70	124.90	156.20	187.40	218.70	249.90	281.20	312.40
V	68.80	100.00	131.30	162.50	193.80	225.00	256.30	287.50	318.80	350.00

*Group:

I - Full Common Household Expenses

II - Shared Common Household Expenses

III - Shared Common Household Expenses with Recipient of OAA, DA, GR Individual(s) or GR Family Without Children

IV - No Common Household Expenses

V - Shared Common Household Expenses for Child(ren) of the Remarried Mother

Amounts to be Added to Table Figure When Applicable

Other Adult - $18.20

Children

Age 7 thru 12 - $13.80 each child

Age 13 thru 20 - $22.00 each child

Insurance

Adult - $1.60 each

Child - $ .70 each

STANDARD BUDGET

1. Basic Needs

The allowance for each basic item is found in the Budget Item Cost Schedule as well as certain modifications.

a. Food

The cost figure for this item is commensurate with the modifications necessary in sustaining healthful conditions for individuals and families on public assistance. The quantities and amounts of food necessary are related to age, size of family or special physical conditions.

b. Rent or Carrying Charges

Carrying charges may be allowed in lieu of rent but the net charges shall not exceed the approved ceiling for this item. The carrying charges must include the following items only: Current taxes, betterment taxes, water rates, interest and principal payments on mortgage, if required, and fire insurance premiums.

When a person owns more than one piece of property, (i.e., a house and a summer cottage) and each is occupied for a portion of the year, carrying charges are to be included in the assistance plan for the property occupied during the major portion of the year, and must not exceed the approved maximum for carrying charges.

The presence of lodgers or roomers may make it possible to pay an increased rent. However, the net amount included in the assistance payment may not exceed the approved maximum.

In a continuing effort to assure adequate housing for all recipients the WSO shall familiarize itself with the provisions of Section 127C, Chapter 111 of the General Laws. Briefly, this section is concerned with the enforcement of the State Sanitary Code under the regulations of the State Department of Public Health. Housing conditions which appear to be detrimental to health and safety -- physically hazardous or lacking in normal sanitary facilities -- are to be reported to the local board of health or in the City of Boston, the Commissioner of Housing Inspection, which are empowered to take court action,

if necessary, to enforce compliance by owners of such property to correct conditions and eliminate hazards. The Regional Office is to be notified of any cases in which court action is taken under this statute. (See Chapter V, Section A of this Policy Manual.)

c. Fuel and Utilities

The amounts for fuel and heating, cooking, light and refrigeration are those sufficient as determined by the Department for a normal household.

d. Household Supplies and Replacements

This item provides for cleaning and for housekeeping supplies and replacement of household equipment such as dishes, linens, etc. It is provided only for those who are keeping house.

e. Board and Room

See Section E, Page 5 of this Chapter for rates allowed persons in licensed facilities and in other boarding arrangements.

f. Clothing

The amounts allowed for clothing have been determined according to age, sex, and activity. These figures represent the replacement amounts for clothing.

g. Personal Care

This item is given to the individual to assist him financially in maintaining his personal appearance.

1. Initial Assistance

Assistance shall be granted from the date of application. However, until a home visit is made and during that time, which may not exceed two weeks, that eligibility is being established, only food orders and shelter may be provided. The amount of food orders and shelter payments must be deducted from the first assistance granted retroactive to the date of application.

2. Basic Needs

The items included in the Standard Budget are: Food, Rent, or Carrying Charges, Fuel and Utilities, Household Supplies and Replacements, Clothing and Personal Care. These items are included in the Simplified Assistance Tables III and VI in this Part and represent the total adjusted basic allowance for each family or individual. The basic allowance for each budget item is included in the Budget Item Schedule - Section B.

3. Non-Basic Needs

The following non-basic items are to be provided when a determination has been made that a need exists and the basis for the need is documented in the case record. Only the needs specifically provided in this section are to be authorized.

a. Special Diets

When a physical condition requiring a special diet for an individual has been recommended in writing by a physician the schedule for Special Diets is to be used. Unusual diets not included in that schedule are to be treated on an individual basis and computed by a home economist or nutritionist. The continuing need for a special diet must be redetermined at the time of the required re-investigation.

b. Rent Supplement

An exception to the established amount for rent or carrying charges is to be made by the social worker up to a maximum of $15 a month when the actual rent or carrying charges paid is in excess of the standard included in the Budget Item Schedule. The method of computing the amount to be allowed will be in accordance with the prescribed table in this Section.

In individual situations the WSO Director will review requests for exceptions beyond those provided above. When the circumstances [illegible] individual case justify a further exemption such approval is to be [illegible] not to exceed an additional $10 a month.

In a continuing effort to assure adequate housing for all recipients the Welfare Service Office shall familiarize itself with the provisions of Section 127C, Chapter 111 of the General Laws. Briefly, this section is concerned with the enforcement of the State Sanitary Code and the regulations of the State Department of Public Health. Housing conditions

The prescription submitted to the Department must be signed by the treating physician or by the supervisory physician in charge of the service where the treating physician is employed.

In addition to the medical data above, the physician or his representative must submit to the Department the type of diet and a brief summary of the diet including information such as amounts of calories and/or nutrients (carbohydrates, proteins, fats, minerals) and/or food groups. The physician shall insure that a copy of the diet is given to the patient, and that instruction is given on how to follow the diet.

Diet and instructions must be given in the primary language of the patient. Types of foods on the diet should be related to the patient's normal eating habits and food choices. Instructions to the patient must take into account circumstances which would make it difficult to follow a diet such as need to select foods in restaurants, use prepared foods, etc.

The patient or prescriber shall submit the required information to the Welfare Service Office where the budget is adjusted in accordance with the prescribed table in this section. The budgetary change for the therapeutic diet shall remain in effect for a) the duration deemed necessary by the prescribing physician if less than six months, or b) for a maximum of six months at which time the diet prescription must be renewed.

The Department may contact the prescriber if additional information is necessary to make an adequate review.

b. Rent Supplement

An exception to the established amount for rent or carrying charges is to be made by the social worker up to a maximum of $15 a month when the actual rent or carrying charges paid is in excess of the standard included in the Budget Item Schedule. The method of computing the amount to be allowed will be in accordance with the prescribed table in this Section.

In individual situations the WSO Director will review requests for exceptions beyond those provided above. When the circumstances in the individual case justify a further exemption such approval is to be granted not to exceed an additional $10 a month.

In a continuing effort to assure adequate housing for all recipients the Welfare Service Office shall familiarize itself with the provisions of Section 127C, Chapter III of the General Laws. Briefly, this section is concerned with the enforcement of the State Sanitary Code under the regulations of the State Department of Public Health. Housing conditions which appear to be detrimental to health and safety-physically hazardous or lacking in normal sanitary facilities-are to be reported to the local board of health or in the City of Boston, the Commissioner of Housing Inspection, which are empowered to take court action, if necessary, to enforce compliance by owners of such property to correct conditions and

eliminates hazards. The Regional Office is to be notified of any cases in which court action is taken under this statute.

4. Replacement of Basic Needs

The CSA/WSO Director is authorized to approve the replacement of food, the monthly rental allowance and clothing when such replacement is necessary due to a fire, flood or other such disaster beyond the control of the recipient.

5. Food or Shelter Vouchers

The Department will provide assistance in the form of vouchers for food or shelter (including rent, fuel and utilities) only when such assistance is requested during the application process (see Chapter II, Section B) as an advance on the assistance grant or as an advance on a replacement check to be issued in substitution for a lost or stolen check.

Vouchers given on this basis must be deducted from the initial retroactive check or from the replacement check. Therefore, no vouchers shall be issued once the Authorization for Grant, Medical and Food Stamp Assistance Form (Turnaround Document) that establishes the GR case or requests the replacement check has been completed. Vouchers may not be issued in excess of the anticipated amount of the initial retroactive check or the replacement check.

6. Layette for New Born Infant

A $50.00 money payment will be provided for a layette for a new born infant. The Turnaround Document will be used to generate this payment. Enter code "K" in block 79 and write "Layette" in the Remarks section.

7. Crib and Mattress for New Born Infant

A $75.00 money payment will be provided for a crib and mattress for a new born infant only when there is no other crib and mattress available to the recipient. The Turnaround Document will be used to generate this payment. Enter code "K" in block 79 and write "Crib and Mattress" in the Remarks section.

6. Vendor Payment

A vendor payment is a direct payment by the Department to a person or entity furnishing food, shelter, goods, services or items to the parent or grantee relative or dependent child(ren).

a. Vendor Payment for Rent

If a vendor payment is established for rent, an amount equal to rent contracted for by the recipient shall be deducted from the amount otherwise payable to the recipient.

Prior to instituting a vendor payment for rent the worker must request and receive written notification from the City or Town Board of Health, or in the City of Boston, the Commissioner of Housing Inspection, as the code enforcement agency, that the housing conforms to the minimum requirements established by that agency.

Vendor payments for housing shall not be made if housing fails to meet code standards.

b. Fiscal Procedure

Vendor payments will be authorized in accordance with current procedure.

Vendor payments for rent must be made at the beginning of each month. The PA-33 or PA-33A authorization forms must be submitted by the vendor or AP worker to the appropriate CSA/WSO before the first working day of the calendar month for which payment is being made.

These PA-33 or PA-33A forms must be batched separately from other PA-33 or PA-33A forms and must be sent by the CSA/WSO to the Medical Claims Center, P.O. Box 567, Westboro, Mass., 01581, before the 2nd or 3rd working day of the month.

7. Vendor Payment for Fuel and Utilities

Before vendor payment is established for fuel or utilities, the recipient should make arrangements with the fuel or utility company to pay an amount which approximates the monthly cost of the fuel or utility averaged over a 12 month period. This amount shall then be deducted from the amount otherwise payable to the recipient.

Monthly Budget Item Schedule for GR

arrangements and in accordance with the schedule in Chapter IV, Section D, page 2 of this Manual. Rent or carrying charges, fuel and utilities will be figured on a proportionate share based on the number of families. (In situations involving non-recipients, they are responsible for their proportionate share of common household expenses.) All computations shall be subject to the ASB factor of 52.69%.

The Budget Worksheet (Form HE-1 Rev.) consists of three sections - need, income and amount of grant. All computations for total amounts appearing on the worksheet are to be computed on the reverse side of the form.

The following steps are to be taken in computing the amount of assistance grant in family cases.

Table Figure - Enter the appropriate figure appearing in Table III.

Amounts to be Added to Table Figure when Applicable:

Other Adult - If more than one adult is to be included in the budget or if an adult is in a Group IV family, add appropriate figure for the other adult.

Children 7-12 - Add appropriate figure for each child in this age group included in the budget.

Children 13-~~20~~ 17 - Add appropriate figure for each child in this age group included in the budget.

Non-Basic Needs - Cost of any non-basic need item, such as a special diet, is to be added to Table figure.

Determination of Grant

The grant is determined by deducting all income defined in Chapter IV, Section B, from the total budgeted needs.

Minimum Grant

The deficit as computed shall be rounded off to the next higher zero for the purposes of bookkeeping convenience. If the deficit is less than $2.00, the minimum monthly grant shall be $2.00. If no deficit exists, no direct payment is to be granted.

Payment of Assistance Grant

After eligibility has been established, assistance payments are normally to be made directly to the recipient. In those instances where the recipient has indicated an inability to manage the assistance payment, the procedures outlined in State Letter 258 are to be applied. Vendor payments under this provision are limited to the current semi-monthly assistance payment.

GR SIMPLIFIED ASSISTANCE TABLE

Persons Participating in Grant

*Group	1	2	3	4	5	6	7	8	9	10
I		198.20	229.90	261.60	293.30	325.00	356.70	388.40	420.10	451.70
II		140.70	172.40	204.00	235.70	267.40	299.10	330.80	362.50	394.20
III		157.10	188.80	220.50	252.20	283.90	315.60	347.30	379.00	410.70
IV	31.80	63.50	95.20	126.90	158.60	190.30	222.00	253.70	285.40	317.10

*Group: (See instructions in Section A, Part 3, Pages 4 and 5)

I - Full Common Household Expenses

II - Shared Common Household Expenses with Another GR Family, an AFDC Family, or Person(s) Not in Receipt of Public Assistance

III - Shared Common Household Expenses with a GR Individual or GR Family Without Children

IV - No Common Household Expenses

Amounts to be Added to Table Figure When Applicable

Other Adult - $ 18.60

Children

Age 7 through 12 - $ 14.10 each child

Age 13 through 17 - $ 22.40 each child

GR SIMPLIFIED ASSISTANCE TABLE

Persons Participating in Grant

*Group	1	2	3	4	5	6	7	8	9	10
I		215.40	249.80	284.30	318.80	353.20	387.60	422.10	456.50	490.90
II		152.90	187.30	221.70	256.20	290.60	325.10	359.40	393.90	428.40
III		170.80	205.10	239.60	274.10	308.50	343.00	377.50	411.90	446.30
IV	34.60	69.00	103.50	137.90	172.30	206.80	241.20	275.70	310.20	344.60

*Group: (See instructions in Section A, Part 3, Pages 5 and 6)

I - Full Common Household Expenses

II - Shared Common Household Expenses with Another GR Family, an AFDC Family, or Person(s) Not in Receipt of Public Assistance

III - Shared Common Household Expenses with a GR Individual or GR Family Without Children

IV - No Common Household Expenses

Amounts to be Added to Table Figure When Applicable

Other Adult - $ 19.50

Children

Age 7 through 12 - $ 14.80 each child

Age 13 through 17 - $ 23.50 each child

INSTRUCTIONS FOR THE USE OF TABLE VI

Table VI provides for the determination of assistance grants for GR individuals or GR families without children.

GROUP I - Full Cost of Common Expenses

The different types of living arrangements included in this Group are as follows:

A. When recipient lives alone in a heated or unheated home or room; or with roomer(s) and has full responsibility for rent and utilities; or shares the cost of shelter with an SSI recipient other than a spouse. In these situations, a rental exception shall be provided if the actual amount of rent paid by the GR recipient meets the standards of the rental exception table.

B. GR recipient maintains own household and lives with other adult(s) receiving GR (see Group IV) or with boarders.

GROUP II - Shared Common Expenses

This Group includes: GR recipient sharing expenses (1) with spouse; (2) with married children in home maintained by the recipient; (3) with one other GR individual or one other GR family; or (4) with one non-recipient of public assistance.

GROUP III - Boarding

This Group includes the following:

A. Recipient boarding in home maintained by married child or parent.

B. Recipient boarding in home of any relative other than a married child or parent, a non-relative or in a commercial boarding home.

C. Licensed Rest Homes: The figure in the table is the personal care allowance. To this figure must be added the appropriate per diem rate and the total obtained is the direct payment to be made to the recipient.

D. Licensed Nursing Homes, Chronic Hospitals, Public Medical Institutions and Intermediate Care Facilities.

E. Halfway Houses for Alcoholics in the City of Boston: These halfway houses must be licensed by the Division of Alcoholism in the Department of Public Health or must have a certificate of need issued by and a license application pending with the Division of Alcoholism.

The figure in the table is the personal care allowance. The per diem board rate of $6.10 will be by vendor payment for the appropriate number of days per month.

TABLE VI

This table is to be used for GR individuals or GR families without children. To determine the use of the table, refer to the instructions.

		GR
Group I	- Full Cost of Common Expenses	
	A. Recipient Living Alone	$148.50
	B. Recipient Living with Another or Others (see instructions)	140.30
Group II	- Sharing Common Expenses	96.90
	Recipient Living with Another or Others (see instructions)	
Group III	- Boarding	
	A. Recipient Boarding with Child or Parent	93.90
	B. Recipient Boarding with Other Relative, Non-Relative or in a Commercial Boarding House	116.90
	C. Licensed Rest Homes	26.30
	Personal Needs (Add to the Personal Needs Allowance the per diem rate x 7 days x 4 1/3 weeks)	
	D. Licensed Nursing Homes, Chronic Hospitals, Public Medical Institutions, and Intermediate Care Facilities	26.30
	E. **Approved Halfway Houses** (Massachusetts Association of Halfway Houses for Alcoholics)	26.30
Group IV	- No Common Household Expenses	
	GR recipient not responsible for household expenses	53.70

TABLE VI

This table is to be used for GR individuals or GR families without children. To determine the use of the table, refer to the instructions.

		GR
Group I	- Full Cost of Common Expenses	
	A. Recipient Living Alone	$153.70
	B. Recipient Living with Another or Others (see instructions)	145.20
Group II	- Sharing Common Expenses	
	Recipient Living with Another or Others (see instructions)	100.30
Group III	- Boarding	
	A. Recipient Boarding with Child or Parent	97.20
	B. Recipient Boarding with Other Relative, Non-Relative or in a Commercial Boarding House	121.00
	C. Licensed Rest Homes	27.20
	Personal Needs (Add to the Personal Needs Allowance the per diem rate x 7 days x 4 1/3 weeks)	
	D. Licensed Nursing Homes, Chronic Hospitals, Public Medical Institutions, and Intermediate Care Facilities	27.20
	E. Approved Halfway Houses Boston Pilot Program Only (Massachusetts Association of Halfway Houses for Alcoholics)	27.20
Group IV	- No Common Household Expenses	
	GR recipient not responsible for household expenses	55.60

This table is to be used when a rental exception is approved. Exceptions are limited to a maximum of $25.00 a month above the adjusted amount provided in the budget. For example, if a GR individual is paying $49.00 a month for an unheated apartment, move down the first column to $49.00; the additional amount to be allowed is $4.00. If a GR family is paying $90.00 for an unheated apartment, move down the appropriate column to $90.00 and the amount to be allowed is $14.00.

GR INDIVIDUAL OR FAMILY WITHOUT CHILDREN				GR FAMILY WITH CHILDREN			
Unheated		Heated		Unheated		Heated	
If actual rent is:	Monthly Increase:	If actual rent is:	Monthly Increase:	If actual rent is:	Monthly Increase:	If actual rent is:	Monthly Increase:
$45. or less	0	$64. or less	0	$ 76. or less	0	$ 94. or less	0
46. add	$ 1.	65. add	$ 1.	77. add	$ 1.	95. add	$ 1.
47.	2.	66.	2.	78.	2.	96.	2.
48.	3.	67.	3.	79.	3.	97.	3.
49.	4.	68.	4.	80.	4.	98.	4.
50.	5.	69.	5.	81.	5.	99.	5.
51.	6.	70.	6.	82.	6.	100.	6.
52.	7.	71.	7.	83.	7.	101.	7.
53.	8.	72.	8.	84.	8.	102.	8.
54.	9.	73.	9.	85.	9.	103.	9.
55.	10.	74.	10.	86.	10.	104.	10.
56.	11.	75.	11.	87.	11.	105.	11.
57.	12.	76.	12.	88.	12.	106.	12.
58.	13.	77.	13.	89.	13.	107.	13.
59.	14.	78.	14.	90.	14.	108.	14.
60.	15.	79.	15.	91.	15.	109.	15.
61.	16.	80.	16.	92.	16.	110.	16.
62.	17.	81.	17.	93.	17.	111.	17.
63.	18.	82.	18.	94.	18.	112.	18.
64.	19.	83.	19.	95.	19.	113.	19.
65.	20.	84.	20.	96.	20.	114.	20.
66.	21.	85.	21.	97.	21.	115.	21.
67.	22.	86.	22.	98.	22.	116.	22.
68.	23.	87.	23.	99.	23.	117.	23.
69.	24.	88.	24.	100.	24.	118.	24.
70. or over	25.	89. or over	25.	101. or over	25.	119. or over	25.

The appropriate figure appearing below is to be added to the simplified assistance table figure when a special diet has been recommended in writing by a physician.
Only one diet may be prescribed for an individual.

SCHEDULE FOR ADULTS

TYPE OF DIET	AMOUNT TO BE ADDED
Low Sodium	$18.00
Bland	30.00
High Calorie	35.00
Diabetic #1	26.00
Diabetic #2	28.00
Low Calorie	16.00
Low Fat	15.00
Pregnancy	17.00

SCHEDULE FOR CHILDREN

TYPE OF DIET	AMOUNT TO BE ADDED
Bland	$36.00
High Calorie	34.00
Diabetic Diet #1	28.00
Diabetic Diet #2	37.00
Low Calorie	24.00

The above types of diets are prescribed for the diagnoses outlined below.

Low Sodium - For treatment of kidney or circulatory diseases such as malignant hypertension, congestive heart failure, nephritis with edema.

Bland - For treatment of peptic ulcers, gastritis, colitis, spastic constipation, diverticulosis or other disorders of the gastrointestinal tract.

High Calorie - For treatment of nephrosis, toxemia, post-operative cases, severe burns, rheumatic fever, tuberculosis, malnutrition and convalescence after illness.

Diabetic - Two diabetic diets are included, varying with the amount of carbohydrates, protein and fat. No. 1 contains 180 grams carbohydrate, 80 grams protein and 80 grams fat; No. 2 contains 220 grams carbohydrate, 90 grams protein and 80 grams fat.

Low Calorie - For treatment of obesity.

Low Fat - For treatment of conditions requiring food low in cholesterol.

Unusual diets not listed here shall be treated on an individual basis and computed by a home economist or nutritionist.

Trans. by S.L. 291

The steps involved in establishing the assistance grant for situations in which the case cannot be budgeted by the simplified method in GR are:

1. Identify basic and non-basic budgetary needs according to living arrangements.

2. Compute total basic and non-basic budgetary needs using the current amounts for other adult and children ages 7 through 12 and ages 13 through 17.

3. Determine the income of the applicant or recipient.

4. Compute deficit between 2 and 3 which represents the amount of assistance payment, if any. Whenever the computed budget deficit is less than $2.00, the minimum monthly grant shall be $2.00. The deficit as computed shall be rounded off to the next highest zero for purposes of bookkeeping convenience. If no deficit exists, no direct payment can be granted.

GENERAL RELIEF

	ADULTS		CHILDREN		
	Alone	With Another or Others	0 thru 6	7 thru 12	13 thru 17
Food	$44.60	$37.10	$21.20	$30.40	$37.90
Clothing	8.30	8.30	7.20	12.20	12.60
Personal Care	4.00	3.60	1.40	1.80	2.50
Household Supplies & Replacements	2.10	2.10	2.10	2.10	2.10

Other Adult $18.60

	GR INDIVIDUALS		GR FAMILIES	
	Heated	Unheated	Heated	Unheated
Rent	$69.30	$49.50	$102.30	$82.50
Fuel and Utilities	13.20	33.00	13.20	33.00

Infant's Layette (Total Cost)
$50.00

Trans. by S.L. 343

GENERAL RELIEF

	ADULTS		CHILDREN		
	Alone	With Another or Others	0 thru 6	7 thru 12	13 thru 17
Food	$48.40	$40.40	$23.10	$33.00	$41.20
Clothing	9.00	9.00	7.90	13.20	13.70
Personal Care	4.30	3.90	1.55	2.00	2.70
Household Supplies & Replacements	2.30	2.30	2.30	2.30	2.30

Other Adult $19.50

	GR INDIVIDUALS		GR FAMILIES	
	Heated	Unheated	Heated	Unheated
Rent	$75.30	$53.80	$111.10	$89.60
Fuel and Utilities	14.40	35.90	14.40	35.90

I. Standards for Emergency Assistance

The following are the only circumstances and situations which the Department has defined as being of an emergency nature and under which Emergency Assistance (EA) will be authorized.

A. Disaster

The Department will respond to losses or damages, including theft or vandalism, which are the direct result or aftermath of:

1. The natural disasters of fire, flood, hurricane, tornado or earthquake.

2. Fires or floods which are not destructive acts of nature but are beyond the control of the family.

In instances of fire, a fire department report must be obtained to establish the circumstances and extent of the fire. Replacement will not be made for items which are only smoke damaged and remain usable. All immediately available resources not protected by AFDC policy must be used in the replacement of items before the Department can authorize payment.

In all instances of disaster staff must verify, by means of a home visit, the extent of damages or unsalvageability of items to be replaced. This verification must be documented in the case record. If the disaster is of such severity that the family must move, one (1) month's rent may be paid in advance to enable the family to relocate as quickly as possible.

The basic benefits available in instances of disaster are:

1. Basic furniture in accordance with Chapter IV, Section A, Part 4.

2. Household equipment and supplies (cooking and dining utensils, linens, small appliances). Authorization is to be at a "flat grant" rate of $60 for each of the first 2 eligible family members and $20 for each additional eligible family member.

3. Food and clothing in accordance with the Budget Item Schedule for AFDC, and additional clothing as needed, in accordance with the standards for clothing in EA contained in Chapter IV of this Manual.

4. Moving expenses. Authorization will be for a cash payment, which may not exceed $100.

5. In instances of fire or flood, authorization for de-odorization of any smoke damaged furniture when feasible, and dry cleaning of clothing.

B. Appliances

1. Appliance Repair

Authorization for the repair of refrigerators, stoves, or heaters (including hot water heaters) not belonging to the landlord may be made when in the

written opinion of the serviceman the life or usefulness of such appliance would be sufficiently extended to warrant the expenditure. Customary charge for the service call is to be authorized when a determination has been made that the appliance does not warrent repair.

Authorization for the repair of washing machines may be made under the same conditions as for repair of refrigerators, stoves, or heaters, except that authorization will not be made for families in which there are less than 4 eligible members.

2. Appliance Replacement

Refrigerators, stoves or heaters (including hot water heaters) belonging to the recipient which do not warrant repair in the written opinion of the serviceman may be replaced. Purchase of used appliances should be authorized when in the judgement of the Welfare Service Office Director there exists in the community an available supply of used appliances with service warranties of at least 1 year. In no case may the authorized cost for purchasing the appliance, either new or used, be above the prices contained in Schedule A, Standards for Furniture.

Authorization for the replacement of washing machines may be made under the same conditions as for refrigerators, stoves, or heaters, except that authorization will not be made for families in which there are less than 4 eligible members. Authorization may not be made if the family has received such an authorization within the previous 5 years.

3. Purchase of Stoves or Refrigerators

When an eligible family moves from a rental unit and it is verified that the stove or refrigerator in that rental unit is the property of the landlord, a stove or refrigerator (or both) is to be provided if the landlord of the new rental unit does not supply these items. Authorization should be for used appliances when, in the judgement of the Welfare Service Office Director, there exists in the community an available supply of used appliances with service warranties of at least 1 year. In no case may the authorized cost for purchasing the appliance either new or used, be above the prices contained in Schedule A, Standards for Furniture.

C. Shelter Arrearages

Shelter arrearages may be paid when the landlord has commenced ejectment proceedings and the family has been served with (a)anotice to quit and (b) a writ of summary process, or (in units subject to rent control) a certificate of eviction issued by the local rent control board, or has received, in the case of a homeowner, written notice of intent to initiate foreclosure proceedings or when foreclosure proceedings have been inititated due to a mortgage or real estate tax arrearage. Payment of the back rent, overdue mortgage or real estate tax will only be made on the condition that the summary process proceedings or foreclosure proceedings will be dismissed in return for the payment authorized by the Department.

mortgage or real estate tax will only be made on the condition that the summary process proceedings or foreclosure proceedings will be dismissed in return for authorization of payment by the Department.

If the landlord or mortgage holder will not agree, see the sections below on Moving Expenses and on Emergency Shelter.

The payment of arrearages for rent, mortgage or the monthly portion of real estate taxes is limited to the total amounts due for any four months selected by the applicant or recipient. The months need not be consecutive.

The payment of arrearages for RENT is subject to a further restriction as follows:

> A rent arrearage incurred after August 1978, will not be approved for EA payment if the arrearage was incurred in a calendar month in which an applicant or recipient received AFDC.

D. Utility Arrearages

Gas or electric arrearages may be paid (either singly or in combination) when verification has been obtained that a family has received a shutoff notice and an agreement has been reached between the family and the vendor (with the assistance of the worker, when appropriate) that the service will continue. The agreement reached between the family and vendor must be recorded in the case record.

If the vendor will not agree, see the sections below on Moving Expenses and on Emergency Shelter.

The payment of arrearages for utilities is limited to the total amount due for any six months selected by the applicant or recipient. The months need not be consecutive but must be within three years prior to the date of the EA application.

The payment of arrearages for utilities is subject to a further restriction as follows:

> A utility arrearage incurred after August 1978, will not be approved for EA payment if the arrearage was incurred in a calendar month in which an applicant or recipient received AFDC.

E. Fuel Arrearages

Fuel arrearages will be paid when verification has been obtained that an eligible family has been refused any further fuel deliveries, and that an agreement has been reached between the family and the fuel dealer (with the assistance of the worker, when appropriate) that at least one delivery of a full quantity of fuel will be made, on personal credit if necessary, in return for authorization of payment of the arrearages by the Department.

If the fuel dealer will not agree, see the sections below on Moving Expenses and on Emergency Shelter.

The payment of arrearages for fuel is limited to the total amount due for any six months selected by the applicant or recipient. The months need not be consecutive but must be within three years prior to the date of the EA application.

F. Storage

Payment for the accrued cost of storage may be authorized only in situations when the purchase of new furniture or appliances would be permissible under EA standards and only when the cost of storage is less than the cost of new furniture or appliances.

G. Moving Expenses

Moving expenses will be provided in the form of a direct payment of up to $150 to the applicant or recipient. The amount may exceed $150, if necessary, for moves within the state, in the following situations only:

1. A court-designated eviction date will occur within 30 days after the date of application.

2. A dwelling has been declared uninhabitable by local or state health authorities.

If the amount authorized exceeds $150, a vendor payment must be made directly to a moving company based on the lowest of two or more estimates verbal or written.

H. Security Deposit

When the Department authorizes moving expenses in the situations in G.1. and G.2. above, regardless of the amount authorized for moving expenses, a security deposit not to exceed one month's rent may be authorized if required by a landlord.

The worker will inform the recipient and the landlord that when the security deposit is returned, it must be drawn by the landlord as payable to the Massachusetts Department of Public Welfare, 600 Washington St., Boston, MA 02111.

I. Children's Bedding

A crib and mattress for a new born infant is not issued under the EA program, but may be issued as Standard Budget items when and if needed. (See AP Manual, Section 304.30 and PA Policy Manual, Chapter IV, Section A, Part 3, Page 3).

Authorization for the purchase of a bed and mattress when required to replace a crib and mattress is to be issued under the EA program no earlier than 3 months before nor later than 3 months after the third birthday of the child.

II. Regional Office Responsibility

Approval for benefits under the additional situations outlined below is to be made by the Regional Manager or his designee.

A. Emergency Shelter

The cost of providing temporary or emergency living arrangements in hotels or motels will be met when the Regional Manager has determined that there is no other feasible alternative, such as living temporarily with friends or relatives who agree to provide temporary shelter.

The CSA/WSO must include in the request to the Regional Office a statement of the efforts the recipient and the CSA/WSO have made to secure other public or private housing. The Regional Manager (or, in his absence, his designee) shall have sole authority to take whatever steps may be necessary to place a person in a hotel or motel and to expedite the removal of a family from such facilities.

B. Home Repairs

When a home owned by a recipient requires unusual repairs, the cost of such repairs may be authorized by the Regional Manager, (or, in his absence, his designee) up to a maximum of $500 if the following conditions are met:

1. Continued occupancy of the home in its present condition is detrimental to health and safety of the family;

2. The family will have to move to other living quarters unless the repairs are made; and

3. The written request from the CSA/WSO is based on the lowest of three written estimates received from a skilled workman or contractor with the appropriate skills.

In those cases where estimated repairs exceed the $500 limit and the Regional Manager determines an extraordinary hardship problem will occur if the family is forced to move, the request for repairs with the estimates will be forwarded to the Office of Field Operations for approval.

III. Referral Procedures

In situations A and B above, a request to Regional Offices is to be prepared by the worker, which will include detailed reasons for the need. The request is to be submitted to the CSA/WSO Director, who, if he approves, will forward the request to the Regional Office for consideration. The CSA/WSO Director is responsible for the timely review and submittal of requests to the Regional Office. If the CSA/WSO Director does not approve the request, he will so notify the worker.

IV. Register Control

Every CSA/WSO and Regional Office is responsible for keeping a register of applications for benefits under the EA program, listing the reasons for each decision and, in instances where the request has been approved, the items and expenditures authorized.

V. Vendor Payments

When arrearages are provided under the EA program, the worker must consider the possible need for implementation of the provisions for vendor payments contained in the AP Manual, Part 305, Subpart D.

STANDARDS FOR ISSUANCE OF FURNITURE

SCHEDULE A

ITEM	BASIS OF ISSUE	DESCRIPTION	PRICE WITH 10% VARIANCE ALLOWED*	SOURCES
Bedroom				
Bed (full or twin)	As needed depending on number of children and size of room	Metal frame Innerspring Mattress	($19.00) ($48.00) Total ($48.00) ($115)	Items may be purchased at department stores or discount houses carrying recognized national brands. Bargain basements and sales will be used when practical.
Bunk Bed Set	As needed	Hardwood frame with mattress, steel link springs, ladder and guard-rail	$170.00	
Dresser or Chest	1 per 2 persons when no other storage space is available	Hardwood frame, dove-tail Joint drawers, drawer glides, 4 drawer minimum	$80.00	
Crib and Mattress			$55.00	

*Prices are the maximum prices for new furniture. Actual authorized price may be lower if used items are purchased.

Trans. by S.L. 370

EMERGENCY ASSISTANCE
STANDARDS FOR CLOTHING
SCHEDULE B
ADULT

FEMALE

2 Dresses	$11.00 (each)
1 Shoes	$10.00
1 Sweater	$ 9.00
1 Winter Coat*	$30.00
1 Boots*	$ 9.00
1 Sweater*	$10.00
Basic Underwear Supply	$16.50

MALE

2 Shirts	$ 4.50 (each)
2 Slacks	$11.00 (each)
1 Shoes	$14.00
1 Sweater	$ 9.00
1 Winter Coat*	$28.00
1 Boots*	$ 9.00
1 Sweater*	$ 9.00
Basic Underwear Supply	$13.00

*These items are to be provided for winter months only.

Trans. by S.L. 370

EMERGENCY ASSISTANCE

STANDARDS FOR CLOTHING

SCHEDULE C CHILDREN'S CLOTHING *

AGE GROUP	Under 7	7 - 12
GIRLS		
2 Dresses	$ 7.50 (each)	$ 9.30 (each)
1 Shoes	9.50	10.90
1 Sweater	5.80	7.40
1 Winter Coat**	22.70	31.90
1 Boots**	7.30	8.70
1 Sweater**	5.80	8.80
BOYS		
2 Shirts	4.00 (each)	4.70 (each)
2 Slacks	6.70 (each)	11.90 (each)
1 Shoes	10.30	13.00
1 Sweater	5.80	7.40
1 Winter Coat**	21.40	25.00
1 Boots**	7.30	8.70
1 Sweater**	5.80	8.80

*Clothing for children 13 and older is to be provided in accordance with Schedule B.
**These items are to be provided for Winter months only.

D. Fuel and Utility Arrearages

Gas, electric or fuel arrearages will be paid (either singly or in any combination) when verification has been obtained that a family has received a shutoff notice and an agreement has been reached between the family and the vendor (with the assistance of the worker, when appropriate) that the service will continue. The agreement reached between the family and vendor must be recorded in the case record.

E. Storage

When the payment of accrued storage costs would be less expensive than the purchase or replacement of furniture in accordance with these standards, such costs shall be paid.

F. Moving Expenses

Moving expenses will be provided in the form of a direct payment to the client not to exceed $100.

G. Children's Bedding

Authorization for the purchase for crib and mattress is to be issued whenever required due to the birth of a child. Authorization for the purchase of a bed and mattress when required to replace a crib is to be issued no earlier than 3 months before nor later than 3 months after the third birthday of the child.

II. Regional Office Responsibility

Approval for benefits under the additional situations outlined below is to be made by the Regional Office Administrator or his designee.

A. Emergency Shelter

The cost of providing temporary or emergency living arrangements in hotels or motels will be met when the Regional Administrator has determined that there is no other feasible alternative, such as living temporarily with friends or relatives who agree to provide temporary shelter.

Standards for Evaluating Income and Assets

All income and assets, either in money, goods or services, must be considered in determining need of recipients of public assistance. All income and assets that are available or can be made available are to be considered; but only income and assets that are actually being received shall be deducted except in MA as described in Chapter IV, Section B, Page 6, Item 10 of the MPAPM. It is important to determine to which members of the assistance household the income and assets belong. When assets are held jointly, a determination of ownership must be made in accordance with Chapter I, Section F, Page 5, Item 6 of the MPAPM.

In MA, payments made by an individual pursuant to a court order are not to be considered available income to the person who makes the payments.

Assistance payments must be based on need in the light of currently available income and assets. Current payments cannot be reduced because of prior overpayments if the recipient no longer has the income available except where there is evidence that clearly establishes that a recipient willfully withheld information about his income or assets.

The statement of the recipient will be sufficient evidence to sustain the deduction from the budgeted needs. Income in kind that is provided to the recipient shall be valued in accordance with the budget figure, included in the assistance plan, and deducted. Examples of this type of income are clothing, fuel, and rent.

Assets from which income may be derived are classified as follows:

1. Real Estate Income

   When a recipient receives income from a rented apartment(s) or house (s)he shall be considered to be self-employed. This income can be unearned or earned.

   The income is unearned if the property is managed by a rental agency that forwards a check to the recipient who has no specific responsibility for the income-producing property. This unearned income, less business expenses only, shall be considered in determining eligibility and the amount of assistance.

   The income is earned if the recipient manages the property by collecting rents and providing services to maintain the income-producing property.

   Deductions from unearned and earned income will be allowed for all or part of certain business expenses as defined and explained below.

   a. Business Expenses

      Business expenses include carrying charges, the cost of fuel and utilities provided to tenants, maintenance, and repair costs. These expenses are explained as follows:

4. Fuel and Utilities

When all or part of the recipient's requirements for fuel including gas and electricity are met by other agencies, friends, relatives, or by his own efforts, the appropriate value in the monthly budget item schedule shall be deducted as income.

5. Income from Roomers and Boarders

When a recipient provides a room or room and board to a person not included in the assistance plan, (s)he shall be considered to be self-employed. The amount received from the roomer or boarder, less a flat percentage to be allowed for business expenses, shall be available gross earned income.

(a) Twenty-five percent of the income from roomers shall be allowed for business expenses.

(b) Seventy-five percent of the income from boarders shall be allowed for business expenses.

If a recipient objects to the percentages used and can document that the business expenses (e.g. supplies, laundry, food) exceed flat percentages, these expenses shall be taken into consideration in determining the amount of income available.

Board and room paid by a child living in the home is not to be considered.

6. Other Income

Income such as Old Age, Survivor's, and Disability Insurance benefits, Unemployment Compensation, Service in the Armed Forces, Workmen's Compensation, pensions, annuities trust funds and voluntary contributions of children shall be considered as income to be deducted from the budgeted needs of the recipient.

a. Old Age, Survivors' and Disability Insurance

If there is any indication that the applicant or recipient might be eligible for OASDI in his own right or as a dependent, he must apply for these benefits at his earliest age of entitlement. These benefits may be established by request on Form SSA-1610 entitled "Request for Information by State Public Assistance Agency". This form is used for referral and exchange of information between the OASDI field office and the worker. Two copies of this form should be sent by mail or transmitted by the applicant or recipient to the local OASDI field office which serves the territory in which the individual lives. A reply will be given to the worker by the OASDI field office giving the status of the case. If the reply indicates that no claim has been filed, the applicant or recipient shall be requested to file his claim, and the worker shall give him an original and one copy of Form SSA-1610 to give to the OASDI field office. This OASDI field office will advise the worker of its decision.

b. Income for Service in the Armed Forces

Income and resources available from a parent in the armed forces must be used in determining budgetary needs for an AFDC family. Consideration shall be given to the required Class Q allotment for servicemen in the first four grades; quarters and family allowance paid directly to other servicemen; and additional voluntary contributions by all servicemen commensurate with their rating, paygrade and family responsibilities. The local chapters of the American Red Cross are prepared to assist families and dependents of servicemen to resolve problems in this area.

Contributions from social agencies which are earmarked for a specific item or purpose not included in the Standard Budget shall be reserved for the purpose specified. Contributions from social agencies which are to supplement items provided for in the Standard Budget are considered as income to be deducted from the budgeted needs of the recipient.

7. ~~Earnings~~ "7. Earnings in GB and MA" For persons in Chronic Care Facilities.

Earnings or wages must be considered in determining income to the recipient. In determining the amount which is available as income from employment, the following work-related expenses are to be considered.

Compulsory deductions for Social Security taxes, Federal and State income taxes based on allowable dependents, retirement contributions, health insurance premiums, union dues and $2.50 per week ($11.00 per month) for other expenses essential to being employed.

8. Financial Responsibility of Recipient or Husband of Recipient

Except as otherwise provided in this Section, the available income of the recipient or the husband of such person must be applied to the assistance plan.

9. Financial Responsibility of Wife for Husband

The law imposes no obligation upon the wife of an OAA or DA recipient to contribute to the support of her husband. Consequently, her income cannot be deducted from his budgeted needs unless she voluntarily contributes to his support.

10. Financial Responsibility in Medical Assistance

The financial responsibility of any individual for an applicant or recipient of MA will be limited to the responsibility of husband for wife and of parents for children under age ~~twenty-one (21)~~ Eighteen (18).

11. Financial Responsibility in General Relief

The law imposes no obligation upon parents to support or to contribute to the support of their indigent children who are ~~twenty-one~~ eighteen years of age or over.

d. Earned Income

The total rental income less business and "work-related expenses" is earned income.

"Work-related expenses" are allowable as deductions from income that is earned by the rental of income property. The deductions for "work-related expenses" must be in accordance with those allowed for the particular category of assistance.

2. Shelter

Whenever free shelter is provided its value for the individual shall be included in the assistance plan at the basic rental figure per month and the same amount deducted as income.

3. Small Business

The net income after business expenses shall be considered as available income. If the recipient raises food for his own use only, it shall not be considered as income.

12. Income from Employment in AFDC

Earnings from employment must be considered in determining income of applicants or recipients of AFDC. The individual may be employed by others or be self-employed (such as farming or business enterprises). If self-employed, the earnings to be considered in determining income are gross income minus business expenditures; personal expenses such as lunch, income tax payments, and transportation to and from work are not to be considered a business expenditure. If employed by others, the earnings to be considered are the total earnings.

The following procedures must be used in determining what earnings are to be considered income:

a. Determining Eligibility on Initial Application and on Reapplication

(1) On an initial application for AFDC, eligibility is determined by deducting totally exempt income (see page 5, item c.) and work-related expenses (see page 8, item e.) from the monthly gross earnings of the family members whose needs are included in the budget.

(2) On a reapplication for AFDC, if the family received AFDC during any one of the four months preceding reapplication, then eligibility is determined by allowing the deductions as directed on page 4, item b. The eligibility of families reapplying who have not received AFDC during any one of the four months preceding reapplication is determined by following the procedures for determining eligibility on initial application.

b. Determining the Amount of Assistance and Continuing Eligibility

In determining the amount of assistance payable to an eligible family and the continuing eligibility for AFDC of that family, income is evaluated by subtracting the following from monthly gross earnings of the family in the order listed below:

(1) totally exempt income

(2) any disregard or setting aside of earnings for which the family is eligible

(3) work-related expenses

The net income remaining after making these deductions must be subtracted from the family's budgeted needs.

c. Totally Exempt Earnings

(1) Child under 14 - No inquiry is to be made of the amount of earnings for a child under 14 years of age and no consideration given to any such earnings. His or her needs are to be included in the family's assistance plan.

(2) Self-sufficient Child - If the earnings less work-related expenses of a child who is not a full-time or part-time student are equal to or greater than his budgeted needs, he or she may be considered to be self-sufficient and his or her needs will not be included in the family's assistance plan. None of his or her earnings are to be considered as income or personal property in determining the eligibility of any other family member.

If, however, such a child, otherwise eligible, with the consent of his family voluntarily chooses to be included in the assistance grant, his needs are to be included in the family's assistance plan and his earnings or wages are to be considered, in accord with other application regulations, as income in determining the eligibility of other family members. Such a choice may prove beneficial to the family as a whole (e.g., the child would be eligible for medical coverage) and the benefits and drawbacks of such choice should be explained to the child and family by the Welfare Service Office.

d. Disregard or Setting Aside of Earnings

An eligible AFDC family must be allowed the following disregard or setting aside of earnings where applicable.

(1) Full-time or Part-time Student

All of the earnings of a child are to be exempted and may not be considered income if the child is a full-time or part-time student who is not a full-time employee. His needs are to be included in the family's assistance plan.

A student is one who is attending a school, college or university, or taking a course in vocational or technical training designed to fit him for gainful employment and includes a participant in the Job Corps under the Economic Opportunity Act. A full-time student is one who is carrying a full-time curriculum and a part-time student is one who is carrying at least one-half of a full-time curriculum.

(2) Disregard of Earnings in AFDC

Except as otherwise provided the first $30 plus one-third of the balance of an AFDC family's total gross monthly earnings is to be disregarded. This desregard does not apply to persons not included in the budget (such as the remarried mother not in need). This disregard is applicable to any non self-sufficient child (budgeted needs exceed earnings less work-related expenses) who is over 14 years of age and is not a full-time or part-time student and to any adult included in the budget.

The method for disregarding such earnings is as follows:

(a) Deduct from the total gross monthly wages or earnings from self employment the first $30 and one-third of the remainder

(b) From the balance in (a) above, deduct all work-related expenses

(c) Any remainder after deduction of the foregoing must be considered available income which is to be deducted from the budgeted needs of the family.

Exception to the Disregard of Earnings

The disregard, as outlined above, of the first $30 plus one-third of the balance of gross earnings applicable to any adult or non self-sufficient child applying for or receiving AFDC may not be permitted to an individual for a month if the individual family member has within the period of 30 days preceding such month (1) reduced his or her earnings without good cause, or (2) refused to accept employment in which he or she is able to engage if the offer is made either through DES or by an employer. Determination of whether the employer's offer of a job is bona fide will be made by the worker after notification by the employer that he has made an offer of employment to the individual.

The gross earnings less work-related expenses of any individual family member must be considered on the basis of 100% for the month in which he is affected by (1) or (2).

NOTE: The term month as used in relation to the exceptions noted under (1) and (2) above means that a period of at least 30 days must elapse before entitlement to the disregard of $30 plus one-third of the balance of gross monthly earnings shall be permitted. If the penalty period of at least 30 days expires in the same calendar month, entitlement to the disregard will be permitted the following calendar month. In the event the penalty period of at least 30 days does not expire on the last day of the calendar month, the penalty period must be extended through a second calendar month. Therefore, if earnings are reduced without good cause on March 1, date of entitlement to the disregard will be on April 1. If earnings are reduced without good cause on March 3, date of entitlement to the disregard will be on May 1.

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10. Financial Responsibility in Medical Assistance

Financial responsibility for an applicant or recipient of Medical Assistance is limited to the responsibility of spouse for spouse and of parents for children under age 21.

The amount of financial responsibility is determined by applying the MA program resource limitations, income disregards, Monthly Net Income Exemptions and, if appropriate, Personal Care Allowance to the spouses, parents and children.

Income and resources of a spouse and parents are either counted or disregarded to the applicant or recipient for the determination of eligibility, according to A below.

A. Counting Financial Responsibility When Determining Eligibility

Income and resources of the spouse and parents are counted for any calendar month in which the spouse and parents are living with the applicant or recipient. The income and resources of the spouse and parents are counted, even in the absence of proof of actual contribution, when:

(1) Parents are living in the same household as their children.

Exception: Parental income and resources are disregarded for children age 18 or over who are not in attendance at an educational institution if the children are applicants or recipients of MA related to SSI.

(2) Only one spouse is an applicant or recipient of MA related to SSI, or one or both are applicants or recipients of MA-AFDC or MA-21. When that occurs, the income and resources of spouses are considered mutually available for any calendar month in which the spouses are living together.

(3) Both spouses are applicants or recipients of MA related to SSI. When that occurs, the income and resources of spouses are considered to be mutually available for any calendar month in which the spouses are living together and through the end of the sixth month after month of separation, as long as they both remain applicants or recipients of MA related to SSI.

Note: If a family chooses both MA related to SSI and MA-AFDC, the income and resources of spouses and parents are not combined as long as there are two separate MA cases. The individuals in the two cases must be applicants, in an active surplus spend down status, or must be recipients. Follow the procedure in Chapter II, Section B, Part 2, Item 1, Pages 7 and 8 for Option 1.

B. Reserved

(3) Conservation of Mother's Earnings - When a child is a senior or junior in high school or a student in a college, university, technical or vocational school, any portion of his mother's earnings may be conserved (set aside) for the purpose of paying for his higher education, if the student has a realistic plan for higher education. The following criteria are to be used to determine if the student has a plan for higher academic, technical, or vocational training for the purpose of conserving his mother's earnings.

Determination of Plan for High School Senior

(a) The worker shall determine that the student has taken the necessary steps to assure acceptance for admission, and the client has the primary responsibility for providing the necessary verification.

(b) The worker shall determine the availability of a scholarship grant or partial scholarship grant, and the client has the primary responsibility for providing the necessary verification.

(c) The estimated total cost, including tuition, board and room and incidental expenses, whether attending an institution on a day basis or living at an institution substantially removed from the residence of the student, is to be established.

(d) A conference with the high school principal or student counselor should determine that the student has the talent, aptitude, and desire to attend college, vocational or technical school.

(e) The high school senior and his parent shall be interviewed as to the student's own plans and ambitions for higher education.

Determination of Plan for High School Junior

(a) There shall be a consultation with the parent and the high school principal or student counselor as to the talent, interest and desire of the student for higher education. A demonstration of interest, for example, will have been the taking of preliminary achievement and college aptitude tests currently available to any high school junior who has plans to attend an institution of higher education.

(b) The student shall be interviewed as to his own plans and ambitions for higher education.

In the event that despite such plans the student decides against entering an institution of higher education, the personal property limitation shall apply; in other words, any money that was set aside for higher education shall then be considered personal property for purposes of eligibility.

Verification of Conserved Income

The amount which the mother has been permitted to set aside must be verified quarterly. Should the mother fail to provide the verification or if the conserved amount is less than 90% of the amount which should be set aside, based on her earnings for the previous quarter, action is to be taken to discontinue the set-aside and the net income will be computed in accordance with item d.(2) above.

under Title I and II of CETA. When it is necessary for DES to determine that a person is in receipt of public assistance in order to be eligible for the incentive training allowance, verification will be obtained by the worker on DES Form 8905 - Request for Public Assistance Information.

h. Incentive Wages Under Massachusetts Rehabilitation Commission Vocational Rehabilitation Programs for GR

Incentive wages of up to $30.00 per week that an applicant or recipient of GR receives under a verified vocational rehabilitation program of the Massachusetts Rehabilitation Commission shall be disregarded in determining eligibility and amount of assistance.

i. Indian Claims Commission Judgment

Payments distributed pursuant to any judgment of the Indian Claims Commission of the Court of Claims in favor of any Indian Tribe (Section 7 of PL 93-134) must be disregarded in determining eligibility and need for assistance.

j. Incentive Wages Under Supported Work Project for GR

All incentive wages that an applicant or recipient of General Relief receives under a verified work support project approved by the Department, the Executive Office of Human Services, the Office of Manpower Affairs, and the Massachusetts Rehabilitation Commission shall be disregarded in determining eligibility and amount of assistance.

18. Disregard Under the Federally Sponsored Food Program

The value of the coupon allotment under the U.S. Food Stamp Act of 1964 in excess of the amount paid for the coupons must be disregarded.

19. Disregard of Federal and State Housing Subsidies

Federal and State housing subsidies are not to be considered as income in establishing or continuing assistance grants. In all housing subsidy programs the tenant always pays a percentage of the shelter costs. This means that no deduction from the assistance grant is to be made for rent or utilities or both for a person participating in a Federal or State housing subsidy program.

related to the earning of income, which the applicant or recipient can establish as deducted or paid.

6) Payments for licenses and permits required or reasonably related to the earning of income, which the applicant or recipient can establish as deducted or paid.

7) Payments for special devices or equipment needed by handicapped people, which items are not supplied by the employer and payment for which the applicant or recipient can establish.

8) Payments for the purchase and/or maintenance of uniforms, special clothing, tools, equipment, and safety devices and other protective items, where not supplied by the employer and when the applicant or recipient can establish his or her need to pay for.

9) The cost of telephone installation and/or service where the telephone is maintained for business purposes or reasonably related to the earning of income.

10) Educational expenses which maintain or improve skills required by the applicant or recipient in his or her employment including any necessary publications.

11) Any other expenses reasonably attributable to the earning of income or wages, payment of which the applicant or recipient can establish.

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13. Income from Absent Parent-AFDC

When there is a contribution available from a parent through a court order or otherwise to an AFDC family, the social worker is to make regular assistance grants to the family in an amount that is not reduced by the amount due from the absent parent. Therefore, such arrangements as are necessary must be made to have these payments made direct to the Department. Those payments are to be reported as specific cash refunds in accordance with the material contained in the P.A. Administration Manual - Part II.

14. Financial Responsibility of Parents in DA

In DA there is no liability of parents for support of permanently and totally disabled children who are twnety-one years of age or over. The following methods shall apply in evaluating the income of parents of children 18 to 21 years of age except a father or mother who has attained the age of 65 years or a widowed mother who attained the age of 62 years:

a. Parents and Child when Child is a Member of Household

The net earnings of both parents together with any other income which the parents may have, must be considered in determining whether a disabled child is in need of assistance.

In determining the extent to which net income may exist, the following table based on annual net income shall apply. (Exclude the DA applicant in determining the income exemption to be applied).

One parent. . . . . $2160 a year.

Each additional dependent family member . . . . . 672 a year.

b. Parents and Child when Child is Patient in a Nursing Home or Medical Institution

When a child is residing in a medical institution or a nursing home, the parents' ability to contribute to his support is based on an evaluation of the parents' income which takes into consideration the long-term nature of the institutional placement and the importance of enabling the family members who are at home to keep a family relationship with the disabled child and to maintain themselves at a reasonable level consistent with other self-supporting families in the community. The following table based on the Bureau of Labor Statistics Worker's Budget for evaluating income shall be used in assessing responsibility of parents for the support of a child in a nursing home or institution, and is based on net income.

f. Benefits under Supplemental Security Income (Title XVI)

Benefits received under this title are not to be counted as income and resources of a family receiving AFDC. Family members eligible for benefits under either AFDC or SSI have the right to select which of the programs they wish to enter and which benefits they wish to claim.

The Department has no mandate to require a person to choose either AFDC or SSI but the worker must advise eligible individuals of their option to apply for either program.

While an individual is receiving benefits under SSI, the individual is not to be considered as a member of an AFDC family and all of his or her income and resources shall not be counted as income and resources of a family applying for, or receiving AFDC.

When determining need and eligibility of an AFDC family where an SSI individual is present, only the need, income and resources of the AFDC individuals are to be counted. (See Section A, Part 1 of this Chapter).

g. Training Allowances Under Manpower Development and Training Act (MDTA) and its Successor, Comprehensive Employment and Training Act (CETA) for AFDC

The incentive training allowances of up to $30.00 per week that a recipient of AFDC receives from DES under MDTA or its successor CETA is not to be considered as income of the individual or family in determining eligibility and amount of assistance. When the individual receives an additional expense allowance from DES for subsistence, transportation, or other expenses attributable to training, such income is not to be considered in determining the net income of the recipient. This does not include salaries under Title I and II of CETA. When it is necessary for DES to determine that a person is in receipt of public assistance in order to be eligible for the incentive training allowance, verification will be obtained by the worker on DES Form 8905 - Request for Public Assistance Information.

h. Salaries from WIN Public Service Employment for AFDC

The salary received by an AFDC recipient from a WIN Public Service Employment placement must be totally disregarded in computing eligibility and amount of assistance. Furthermore, Public Service Employment (PSE) placements are the only WIN placements in which salaries are to be disregarded. Salaries from Public Service Employment under programs other than WIN, however, are not affected by this paragraph.

18. Disregard under the Food Stamp Program

The value of the Food Stamp Program coupon allotment, in excess of the purchase requirement for the coupons, must be disregarded.

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c. Standards for Determining Net Income for Disabled Child

When a family qualifies for AFDC, MA categorically related to AFDC, or MA under 21, and there is a disabled child in the family who qualifies for SSI, the family is to be advised of their right to select the eligibility arrangement which is financially most advantageous. The family has the option whether or not to apply for the SSI grant for the disabled child.

d. Exemption of Net Income

(1) Persons in the Home

An individual who needs care in his home or in an acute care facility has a net income exemption of $292.00 a month which is retained by the individual for his maintenance. The net income exemption for a family of two (2) shall be $367.00 a month and for a family of three (3) shall be $390.00 a month. Beyond this, there is a net income exemption of $50.00 for each additional dependent member of the family.

(2) MONTHLY NET INCOME EXEMPTION TABLE
FOR PERSONS PARTICIPATING IN MA

NO. OF PERSONS	1	2	3	4	5	6	7	8	9	10
EXEMPTION	292	367	390	440	490	540	590	640	690	740

e. Application of Net Income

(1) First, for maintenance needs as specified in chart above.

(2) Income in excess of that needed for maintenance will be applied next to:

(a) costs incurred for medical insurance premiums and enrollment fees;
(b) costs incurred for necessary medical or remedial care recognized under State Law, but not provided for in Chapter VII; and
(c) the cost of medical care to family members who are included in the computation of income but are not eligible for the MA program.

(3) All of the remaining excess income will be applied to costs of medical assistance provided for in the Medical Care Plan for eligible individuals.

The referee's decision must be rendered in accordance with the law. The law includes the duly promulgated regulations of the Department and other state agencies, state statutes, the pertinent regulations of the Department of Health, Education and Welfare and other federal agencies, federal statutes, the Constitution of the United States and the Commonwealth of Massachusetts as well as court decisions of the state and federal courts and administrative decisions of the Department. Referees, however, shall not render decisions which require their determination of the legality of the Department regulations. Such matters shall be decided by the courts without any necessity of going through the fair hearing process. In administrative hearings involving the legality of Department regulations, the referee will render a decision that he cannot consider the legality or illegality of a Department regulation and base his decision on the applicable regulation.

E. Findings, Rulings and Orders

The decision itself shall be a comprehensive statement of the referee containing the following elements:

1. A statement of the issues involved in the hearing.
2. Clear and complete findings of fact on all relevant factual matters, which findings are supported by evidence in the record.
3. Clear and complete rulings of law on all relevant legal issues, citing the relevant regulations and/or other legal bases for his decision.
4. A concise statement of the conclusions drawn from the findings of fact and rulings of law, including the reasoning used by the referee in reaching the conclusions.
5. If the decision is in favor of the appellant, a precise, clear order to the appropriate Department office or official to take necessary corrective action, which shall, if relevant, include retroactive payment to the date of incorrect payment as well as prospective relief. Retroactive payments include reimbursement to appellants who have used their own funds to purchase items or services which the Department improperly failed to provide.

F. Rendering the Decision

The signed decision of the appeals referee shall be final and binding on the Department. Copies of the decision and reasons for the decision shall be forwarded to the WSO, the Regional Office, and the appellant and the appellant's authorized representative. The appellant and his authorized representative shall also be notified in writing of the decision and the reasons that formed the basis of the decision and of the right to judicial review. The effective date of the decision is the day the written decision is signed by the responsible appeals referee. The Division of Hearings will maintain a log which shall contain the following information on each decision:

a. Name of appellant
b. Address of appellant
c. Category of assistance
d. Date of decision
e. Date notice mailed to client
f. Date notice mailed to Regional Office
g. Date notice mailed to WSO

3. Irregularly or infrequently received unearned income of up to $60.00 a quarter, or earned income of up to $30.00 a quarter. (When quarterly income of this type exceeds these amounts, this exclusion does not apply and all irregularly or infrequently received income for that quarter is to be considered as earned or unearned income under (b) below.)

4. Payments for the foster care of a child who is living in the applicant's home if the child is not eligible for SSI and if the child was placed in the applicant's home by a public or private non-profit ("voluntary") child-placement or child-care agency. (The child must be unmarried, not the head of a household, and either under age 18 or a student under age 22.)

5. One-third of any support payment received by a disabled child from an absent parent. (The child must be unmarried, not the head of a household, and either under age 18 or a student under age 22.)

6. Earned income of students under age 22 and unmarried, not head of household, regularly attending a school, college, university or course of vocational or technical training preparing one for gainful employment.

7. Massachusetts Veterans Services Benefits administered by the towns and cities Veterans' Services Offices under M.G.L. c. 115.

(b) Disregard of General Income

In the order listed, disregard the following amounts of any income not excluded in Disregard of Special Income (a) above.

1. The first $20.00 a month of an individual's or couple's income. This is first disregarded from unearned income and, if there is no unearned income or there is unearned income of less than $20.00, then the $20.00 or the balance is disregarded from earned income. Note that a couple receives only one $20.00 disregard.

2. The next $65.00 a month of earned income.

3. One-half (½) of any remaining earned income.

(c) Disregard of Income Because of the Pickle Amendment

A person who is eligible for MA according to MPAPM, Chapter I, Section F, 2. b. (4) remains eligible for MA until there is a change, other than Social Security cost of living increases, which would make the person ineligible for SSI. In order that a Pickle case may be handled by the MA Worker in the same way as he would handle a MA-SSI redetermination, a Pickle income disregard is used.

A Pickle income disregard is an adjustment of countable income to exclude the entire amount of Social Security cost of living increase which made the person ineligible for SSI and an amount which converts the SSI budget level to the MA income exemption standard.

The budget conversion on each case is done by subtracting the MA standard from the SSI budget level. (Example: The Social Security cost of living to Mr. C. was $54.00. His SSI budget in effect at the time was $311.36. The MA standard in effect at the time was $300.00.

SSI Budget	$311.36	
MA standard	-300.00	
Conversion	$ 11.36	
SS COL	+ 54.00	
	$ 65.36	initial Pickle income disregard

Subsequent Social Security cost of living increases are added to the Pickle income disregard.

The Pickle disregard is subtracted after the disregards of Special and General Income. A Pickle disregard is not used when a person is receiving chronic care in a medical facility.

(2) Receiving Chronic Care in a Medical Facility

A medical facility is defined as a chronic hospital, a public medical institution, a skilled nursing home, an intermediate care facility or an institution for tuberculosis or mental disease.

If the individual living in the chronic care facility is receiving only an SSI personal needs payment, then there will be no resource available to be deducted from the medical facility's bill, nor will there be any payment by the Department for personal care.

Follow the procedures in Chapter VII, Section E, Part 1, Pages 4 and 5 for cases receiving SSI when they enter a chronic care facility.

The patient paid amount is determined in the following manner for an individual living in a chronic care facility who is not receiving an SSI payment.

(a) When the patient has no eligible dependents:

1. Determine the patient's gross earned and unearned income.

2. Subtract compulsory deductions and $11.00 a month from earned income (per Chapter IV, Section B, Page 7, Item 7).

3. Add the balance of any earned income and the gross of unearned income.

If the sum of the above is $40.00 or less a month, the Department will make a payment up to $40.00 a month. The patient paid amount is zero.

If the sum is more than $40.00 a month, the amount in excess of $40.00 a month, and any medical insurance premiums and enrollment fees not already considered, becomes the patient paid amount.

(b) When the patient is maintaining his or her home for eligible dependents complete steps (a) 1 through 3 above.

If the sum of step 3 is $40.00 or less a month, the Department will make a payment up to $40.00 a month. There is no income from the patient available for eligible dependents and the patient paid amount is zero.

If the sum of step 3 is more than $40.00 a month, take the excess of $40.00 and any medical insurance premiums and enrollment fees not already considered and from it subtract an amount equal to the difference between the eligible dependents' Monthly Net Income Exemptions and the dependents' countable income. The remainder, if any, becomes the patient paid amount.

(c) When the patient is an eligible dependent:

1. Determine if the income and resources of the spouse or parents are to be counted in the determination of the patient's eligibility. (i.e., Count the income and resources of the spouse or parents for any calendar month in which the patient and the spouse or parents live together in the same room or apartment in the chronic care facility or the same room, apartment or house outside the chronic care facility. Do not count the income and resources of the spouse or parents to the patient beyond the calendar month of separation unless both spouses are MA related to SSI applicants/recipients. When both spouses are MA related to SSI applicants/recipients, the income of the spouses are considered to be mutually available through the end of the sixth month after calendar month of separation as long as they both remain applicants/recipients of MA related to SSI).

2. Complete steps in "(a) When the patient has no eligible dependents" if the income and resources of the spouse or parents are not to be counted.

3. Complete the following steps if the income and resources of the spouse or parents are to be counted:

   a. Determine the gross earned and unearned income of the spouse or parents.

   b. Subtract the MA-SSI earned and unearned income disregards (per Chapter IV, Section B, Pages 12, 13, and 14, Items a, b, and c).

   c. Subtract the Monthly Net Income Exemptions for the spouse or parents. Eligible dependents, other than the patient, may be included in the Monthly Net Income Exemptions amount if you also include the dependents' countable income.

   d. The remainder from the above step will be considered available for the patient in the chronic care facility.

   e. Complete the steps in "(a) When the patient has no eligible dependents" in order to determine the patient paid amount. Be sure to include the remainder from step c. as patient income.

Note: An eligible dependent is a spouse or child with income and resources under the amounts allowed in MA.

b. Standards for Determining Net Income for Families Categorically Related to AFDC and for Children Under 21

The available net income of families and children in the categories of MA-AFDC and MA under 21 is determined according to the same standards used for determining eligibility for AFDC families; i.e. income disregards listed in Chapter IV of the PA Policy Manual. Income disregards used in establishing the amount of the AFDC grant (i.e. 30 + 1/3 income disregards) are not used in determining net income for MA-AFDC and MA under 21 cases.

c. Standards for Determining Net Income for Disabled Child

When a family qualifies for AFDC, MA categorically related to AFDC, or MA under 21, and there is a disabled child in the family who qualifies for SSI, the family is to be advised of their right to select the eligibility arrangement which is financially most advantageous. The family has the option whether or not to apply for the SSI grant for the disabled child.

d. Exemption of Net Income

(1) Persons in the Home

An individual who needs care in his home or in an acute care facility has a net income exemption of $334.00 a month which is retained by the individual for his maintenance. The net income exemption for a family of two (2) shall be $425.00 a month and for a family of three (3) shall be $435.00 a month. There is a net income exemption of $66.00 for each additional dependent member of the family after 10.

(2) MONTHLY NET INCOME EXEMPTION TABLE
FOR PERSONS PARTICIPATING IN MA AND NOT RECEIVING
CHRONIC CARE IN A MEDICAL FACILITY (Eff. 7/1/80)

NO. OF PERSONS	1	2	3	4	5	6	7	8	9	10
EXEMPTIONS	334	425	435	445	510	576	641	706	771	836

e. Application of Net Income

(1) Take the net income and compare it to the Monthly Net Income Standard.

(2) Income in excess of the standard can be applied towards the monthly cost incurred for medical insurance premiums and enrollment fees.

(3) The income remaining after (1) and (2) is called the monthly excess. The monthly excess times six is called surplus income. Surplus income will be applied next to:

(a) cost incurred for necessary medical or remedial care recognized under State Law, but not provided for in the Massachusetts Medical Assistance Medical Care Plan; and

(b) the cost of medical care to family members who are included in the computation of income but are not eligible for the MA program.

(4) All of the remaining surplus income will be applied to cost of medical assistance provided for in the Medical Care Plan for eligible individuals.

f. Available Net Income in MA (Surplus Income)

If the net monthly income exceeds the basic exemptions under the MA program, the available excess net income for the calendar month in which medical care or services are provided and for the five subsequent months, must be applied toward payment for said medical care or services. This is a closed end six month period. The next six month period for applying available excess net income will begin with the month in which medical care or services are again incurred following the initial closed end six month period.

In calculating the cases's liability for medical services, surplus income is six times the available excess net monthly income.

Eligible Cases:

When a case has surplus income equal to or more than the estimated medical expense for a six month period, the applicant sbould be notified that his application is denied for this reason. This applicant should also be informed that a new application can be made if medical expenses exceed the available excess net income in the future.

When medical expense is more than the surplus income then the applicant is eligible and MA will be responsible for all approved medical expense which is an excess of the six months' liability, less any other resource such as health insurance coverage.

When the eligible client has incurred expenses for medical care or services which equal or exceed his surplus income, he must submit his itemized bills or receipts to his WSO. The client must be notified of the above procedure and of his eligibility including a statement of his surplus income for this closed end six month period. He must also be notified of his responsibility for payment of medical care or services up to this amount. The submitted bills or receipts are to be recorded according to vendor processing instructions. When it has been determined that the liability has been met an SS9A authorization form must be completed according to processing instructions.

Exception:

When medical care or services during a calendar month exceed the available excess net monthly income and are provided on a continuing basis (such as in a licensed nursing home, licensed chronic hospital or approved public medical institution), arrangements must be made for the available excess net monthly income to be paid by the client to the medical facility each month. The medical facility must bill the WSO for the balance of payment and all other medical providers must submit itemized bills to the WSO for the balance of payment and all other medical providers must submit itemized bills to the WSO during each calendar month for medical care or services incurred in the previous month. The client must be notified of this procedure and of his eligibility including a statement of his available excess net monthly income to be paid directly to the medical facility.

g. Recoveries, Third Party Liability and Assignments

MA

There shall be no adjustment or recovery of medical assistance correctly paid, except from the estate of an individual who was 65 years of age or older when he received such assistance, and then only after the death of his surviving spouse, if any, and only at a time when he has no surviving child who is under age 21 or is blind or permanently and totally disabled.

Whenever an MA recipient, not in a Long-Term Care Facility, dies possessed of property, real or personal, the WSO which carried the case must report to the Legal Division by way of revised Form LEG-2 within 30 days of the recipient's death.

The form shall be completed fully, accurately and promptly. The report must then be mailed directly to the Legal Division in Central Office.

No lien or encumbrance of any kind will be required or be imposed against the property of any individual prior to his death because of medical assistance paid or to be paid on his behalf or at any time if he was under 65 years of age when he received such assistance (except pursuant to the judgement of a court on account of benefits incorrectly paid on behalf of such individual). If medical care and services are provided by the Department and arises out of injury, disease or disability for which a third party may be liable, the Department shall require the person receiving such medical care and services to provide for the assignment to the Department of the amounts so expended from the proceeds of any such claim against the third party.

The legal liability of a third party, which is defined as an individual institution, corporation, public or private agency must be ascertained in relation to the cost of medical care and services resulting from injury, disease or disability of applicant for or recipient of MA.

In determining whether medical assistance is payable, any third party liability is to be treated as a current resource when payment by the third party has been made or will be made within a reasonable time. Payment in behalf of an eligible individual, however, is not to be withheld because of the liability of a third party when such liability or the amount thereof cannot be currently established or is not currently available to pay the individual's medical expenses unless the applicant or recipient fails to execute the assignment.

Reimbursement is to be sought from a third party for medical assistance provided when the liability is established after assistance is granted and in any other case in which the liability of a third party existed, but was not treated as a current resource.

AFDC, EA and GR

When maintenance payments in AFDC or medical care and services and/or maintenance payments in EA or GR are made as a result of an accident, injury or illness for which moneys are expected to be provided by accident or health insurance, workmen's compensation, or otherwise, the Department shall require

an assignment whereby the person(s) in need of such payments provides for reimbursement to the Department an equal amount of moneys so realized from any third party only to the extent of such payments made.

21. Rules and Regulations on Personal Needs Allowances for Recipients Age 65 or Older in Long-Term Care Facilities - effective 1/1/72

Definition

Long-Term Care Facilities include the four levels of care adopted by the Department of Public Health on 1/12/71, namely, Licensed Skilled Nursing Homes, Extended Care Facilities, Intermediate Care Facilities, and Rest Homes. In addition Long-Term Care Facilities include Chronic Hospitals.

Purpose

To establish controls and accountability for the Personal Needs funds of Public Welfare recipients whose Personal Needs allowances are place under the control of the facility in which the patient is a resident. Pursuant to a public hearing held on 10/15/71 the following rules have been established by the Department of Public Welfare:

a. Personal Needs money held for any recipient shall be used only for that patient's own personal needs. It shall not be used to purchase items included in the rate established by the Rate Setting Commission for that facility or allowable under the Medical Care Plan on a vendor payment basis.

b. When a facility assumes responsibility for a patient's funds, a statement authorizing this, signed by the patient, his guardian, conservator, relative or other responsible person on his behalf, shall be kept on file in the facility. This statement shall be made available to authorized personnel of the Department on request.

c. The facility shall employ sound accounting procedures to safeguard the patient's funds. It shall maintain an individual record for each patient's funds it controls. These records shall be kept in a bound book with numbered pages. All deposits and disbursements shall be recorded and receipts obtained for expenditures in excess of five dollares ($5.00). If money is given to the patient, the entry shall be dated and signed by the recipient. The records shall be available to authorized Department personnel on request.

d. No facility shall keep on hand in the facility patient care funds in excess of an aggregate for all recipients in an amount of $250.00. Patient's funds in excess of this amount may be kept in either/or a combination of the following two ways:

(1) An individual bank account in each patient's name. The interest shall accrue to the patient.

(2) A trustee account which shall be clearly titled as such and be a checking account. The account number and the name of the bank must be on file with the Department of Public Welfare, Medical Division, 600 Washington Street, Boston, MA 02111. A photostat of the current bank statement shall be submitted to the Department on the audit date specified in Item f.

e. Release of Patient's Funds due to Transfer, Release, Discharge or Death

(1) Transfer or release of patient to another long-term care facility

Funds kept in Item d. (1) or d. (2) shall be transmitted to the Administrator of the new facility within ten (10) days, i.e., either patient's passbook or check covering total credit balance in patient's name, including cash on hand held by the facility.

(2) Discharge or release of patient to community living

The patient shall leave with his passbook, Item d. (1), or shall be advanced funds from Item d. (2), for immediate needs, pending final settlement, to be completed within ten (10) days of discharge, including cash on hand held by the facility.

(3) Death of Patient

Within five (5) days of the death of a recipient, whether or not the facility has any assets whatsoever which belong to the deceased, the facility shall complete page 1 of revised Form LEG-1 and mail to Director of Office of Finance, Department of Public Welfare, 600 Washington Street, Boston, MA 02111, along with a check for the recipient's Personal Needs Funds, if any, payable to the estate of the deceased plus any other assets.

Upon receipt of the revised Form LEG-1 the Office of Finance will promptly mail the Form to the WSO which was responsible for the case. The WSO, within 21 days of receipt of this form, shall complete page 2 of the form and mail it to the Legal Division, Massachusetts Department of Public Welfare, 600 Washington Street, Boston, MA 02111. State Mental Institutions are not affected by these regulations and therefore are not required to execute the revised Form LEG-1.

The facility continues to be bound by the obligations imposed by the Department's regulations whenever a patient is removed to an acute hospital and dies therein. The facility's obligations cease only when the patient is transferred to another long-term care facility or when the Medical Assistance is terminated for reasons other than death.

f. On June 1st of each year an accounting of the amount of money held by the facility for the recipient shall be made by the facility to the Department of Public Welfare. In addition, each recipient's name, Social Security number and WSO or Regional Office shall be indicated with this accounting. This accounting shall show how much money each recipient has as cash on hand, in an individual bank account or in a trustee account. This accounting must be sent to the Massachusetts Department of Public Welfare, Medical Division, 600 Washington Street, Boston, MA 02111.

22. Assignment Procedures

When the legal liability of a third party is indicated, it is essential that the WSO have the applicant or recipient execute an original and four copies of an assignment (Form A-16) of the proceeds of the claim for the purpose of securing reimbursement for the payment of the medical care and services provided under MA or maintenance under AFDC, or medical care and services and/or maintenance under EA or GR and such assignment must be witnessed by a staff member of the WSO.

Only the costs for maintenance and/or medical care and services related to an accident or illness for which the assignment was taken is subject to recovery.

In the event that an applicant or recipient in any category refuses to or fails to execute an assignment relative to a third party liability, he must be notified that eligibility ceases. Notification must also be given to any provider of MA who has rendered medical care or services to such applicant or recipient that the Department is not liable for payment for such medical care or services because of applicant or recipient's refusal or failure to execute the assignment.

The WSO shall retain the original copy of the assignment in the case record and shall give copies to the applicant or recipient, his attorney, and the third party. If the third party liability consists of an accident case pending before the Industrial Accident Board, one copy shall be sent to them. A copy shall also be sent to the Regional Office attorney for filing and recording. The WSO and the Regional Office attorney shall each maintain a register containing pertinent facts on the third party liability. The Regional Office attorney shall maintain a tickler file for the purpose of alerting the WSO to check on the activity involved in the collection of the resource.

There will be instances when it will be necessary for the Department to bring legal action to enforce the recipient's claim against the third party because the recipient is unwilling or unable to pursue the claim. In such situations, that portion of the agreement relating to the subrogation of the claim shall apply and the Regional Office attorney must take legal action at the expiration of nine (9) months from the date of the cause of the accident, injury or illness.

Immediately prior to final settlement, the WSO Director must send a statement to the Regional Office attorney listing the amount of maintenance and medical payments made for which there is information available. The Regional Office attorney will be responsible for verifying the amount paid by the Department through the Medical Claims Control Center for medical services.

When the Regional Office attorney has obtained all the necessary information for settlement, it is then his responsibility to negotiate the settlement and discharge of assignment.

When the settlement and discharge of assignment is completed, the Regional Office attorney will forward the check (made out to the Massachusetts Department of Public Welfare) to the Central Office Legal Division, which in turn, will forward it to the Bureau of Accounts.

The Regional Office attorney must send a copy of the Discharge of Assignment (Form A-16A) to the WSO Director for filing in the case record.

The WSO Director must assess the need to make any adjustment to a grant or to terminate assistance based on payments to the recipient by the third party.

be implemented by use of the usual recipient or vendor payment systems, he shall promptly notify the Central Office Regional Coordinator of the case in question. The Regional Coordinator shall then have responsibility for insuring implementation of the decision. The procedure used by the Regional Coordinator to implement these types of decisions will generally be longer than thirty days.

VII. Compilation of Fair Hearing Decisions

The Division of Hearings will compile all of the fair hearing decisions for each calendar month by category of assistance. Copies of this compilation will be available to the public at the Division of Hearings and at all Regional Offices after steps have been taken to delete the appellant's name and address in order to protect the confidentiality of public assistance information.

house outside the chronic care facility. Do not count the income and resources of the spouse or parents to the patient beyond the calendar month of separation unless both spouses are MA related to SSI applicants/recipients. When both spouses are MA related to SSI applicants/recipients, the income of the spouses are considered to be mutually available through the end of the sixth month after calendar month of separation as long as they both remain applicants/recipients of MA related to SSI).

2. Complete steps in "(a) When the patient has no eligible dependents" if the income and resources of the spouse or parents are not to be counted.

3. Complete the following steps if the income and resources of the spouse or parents are to be counted:

   a. Determine the gross earned and unearned income of the spouse or parents.

   b. Subtract the MA-SSI earned and unearned income disregards (per Chapter IV, Section B, Pages 12 and 13, Items a and b).

   c. Subtract the Monthly Net Income Exemptions for the spouse or parents. Eligible dependents, other than the patient, may be included in the Monthly Net Income Exemptions amount if you also include the dependents' countable income.

   d. The remainder from the above step will be considered available for the patient in the chronic care facility.

   e. Complete the steps in "(a) When the patient has no eligible dependents" in order to determine the patient paid amount. Be sure to include the remainder from step c. as patient income.

Note: An eligible dependent is a spouse or child with income and resources under the amounts allowed in MA.

b. Standards for Determining Net Income for Families Catagorically Related to AFDC and for Children Under 21.

The available net income of families and children in the categories of MA-AFDC and MA under 21 is determined according to the same standards used for determining eligibility for AFDC families; i.e. income disregards listed in Chapter IV of the PA Policy Manual. Income disregards used in establishing the amount of the AFDC grant (i.e. 30 + 1/3 income disregards) are not used in determining net income for MA-AFDC and MA under 21 cases.

c. Standards for Determining Net Income for Disabled Child

When a family qualifies for AFDC, MA categorically related to AFDC, or MA under 21, and there is a disabled child in the family who qualifies for SSI, the family is to be advised of their right to select the eligibility arrangement which is financially most advantageous. The family has the option whether or not to apply for the SSI grant for the disabled child.

d. Exemption of Net Income

(1) Persons in the Home

An individual who needs care in his home or in an acute care facility has a net income exemption of $334.00 a month which is retained by the individual for his maintenance. The net income exemption for a family of two (2) shall be $425.00 a month and for a family of three (3) shall be $435.00 a month. There is a net income exemption of $66.00 for each additional dependent member of the family after 10.

(2) MONTHLY NET INCOME EXEMPTION TABLE
FOR PERSONS PARTICIPATING IN MA AND NOT RECEIVING
CHRONIC CARE IN A MEDICAL FACILITY (Eff. 7/1/80)

NO. OF PERSONS	1	2	3	4	5	6	7	8	9	10
EXEMPTIONS	334	425	435	445	510	576	641	706	771	836

e. Application of Net Income

(1) Take the net income and compare it to the Monthly Net Income Standard.

(2) Income in excess of the standard can be applied towards the monthly cost incurred for medical insurance premiums and enrollment fees.

(3) The income remaining after (1) and (2) is called the monthly excess. The monthly excess time six is called surplus income. Surplus income will be applied next to:

(a) cost incurred for necessary medical or remedial care recognized under State Law, but not provided for in the Massachusetts Medical Assistance Medical Care Plan; and

(b) the cost of medical care to family members who are included in the computation of income but are not eligible for the MA program.

(4) All of the remaining surplus income will be applied to costs of medical assistance provided for in the Medical Care Plan for eligible individuals.

If the individual living in the chronic care facility is not receiving an SSI payment, any earned income of the applicant/recipient in the chronic care facility will be treated in accordance with Chapter IV, Section B (Earnings in GR and MA).

The net income of an individual in a chronic care facility will be determined in the following manner:

(a) For an individual with no eligible dependents - In addition to the income disregards cited in Chapter IV, Section B (excluding those listed for SSI related individuals not receiving chronic care in a medical facility), the individual will be allowed $30.00 a month as a personal needs allowance and all remaining income will be considered as a resource and applied towards payment of the medical bill.

(b) For an individual with eligible dependents - In addition to the income disregards cited in Chapter IV, Section B (excluding those listed for SSI related individuals not receiving chronic care in a medical facility), the individual will be allowed $30.00 for a personal needs allowance and an additional allowance for the number of eligible dependents residing outside of the chronic care facility in accordance with the MA standards; i.e., if there are three (3) eligible dependents, an amount equal to the MA standards for a family of three (3) will be disregarded. All other income will be applied towards the nursing home bill.

If there is another person responsible for supporting the eligible dependent, this person's income will be applied to the support of the eligible dependent and the person in the chronic care facility will contribute only if there are insufficient funds available to meet the MA standards.

(c) For an individual who is an eligible dependent - If an individual is a resident of a chronic care facility and is also an eligible dependent (child under 18, or wife), then the person responsible for support must support. The person responsible for support will be allowed to retain an amount equal to the MA standards for himself as well as for any other eligible dependents. All other income will then be made available to the individual in the chronic care facility. The first $30.00 of this income will be a personal needs allowance for the dependent in the chronic care facility with the balance being applied to the nursing home bill.

(d) For individuals related to the MA program who do not have income or have income less than $30.00 per month the Department will make a payment up to $30.00 per month.

b. <u>Standards for Determining Net Income for Families Categorically Related to AFDC and for Children Under 21</u>

The available net income of families and children in the categories of MA-AFDC and MA-under 21 is determined according to the same standards used for determining eligibility for AFDC families; i.e. income disregards listed in Chapter IV of the PA Policy Manual. Income disregards used in establishing the amount of the AFDC grant (i.e. 30 + 1/3 income disregards) are not used in determining net income for MA-AFDC and MA-under 21 cases.

c. Standards for Determining Net Income for Disabled Child

When a family qualifies for AFDC, MA categorically related to AFDC, or MA under 21, and there is a disabled child in the family who qualifies for SSI, the family is to be advised of their right to select the eligibility arrangement which is financially most advantageous. The family has the option whether or not to apply for the SSI grant for the disabled child.

d. Exemption of Net Income

(1) Persons in the Home

An individual who needs care in his home or in an acute care facility has a net income exemption of $292.00 a month which is retained by the individual for his maintenance. The net income exemption for a family of two (2) shall be $358.00 a month and for a family of three (3) shall be $390.00 a month. Beyond this, there is a net income exemption of $50.00 for each additional dependent member of the family.

(2) MONTHLY NET INCOME EXEMPTION TABLE FOR PERSONS PARTICIPATING IN MA

NO. OF PERSONS	1	2	3	4	5	6	7	8	9	10
EXEMPTION	292	358	390	440	490	540	590	640	690	740

e. Application of Net Income

(1) First, for maintenance needs as specified in chart above.

(2) Income in excess of that needed for maintenance will be applied next to:

(a) costs incurred for medical insurance premiums and enrollment fees;
(b) costs incurred for necessary medical or remedial care recognized under State law, but not provided for in Chapter VII; and
(c) the cost of medical care to family members who are included in the computation of income but are not eligible for the MA program.

(3) All of the remaining excess income will be applied to costs of medical assistance provided for in the Medical Care Plan for eligible individuals.

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D. WSO Responsibility

The WSO responsibility is to assure the unrestricted freedom to request a fair hearing. Every effort must be made by the WSO to help the appellant submit and process his request for a fair hearing.

Every applicant or recipient shall be informed in writing at the time action is taken on an application and at the time of any action affecting his or her assistance:

1. of his or her right to a hearing as described in these regulations

2. how to request a hearing

3. that s/he may be represented by an authorized representative, such as a lawyer, lay advocate, relative, or friend or s/he may represent himself or herself.

I. Request for a Fair Hearing

A. Grounds for Appeal

Applicants, recipients, and institutions have a right to request a fair hearing in any of the following situations (the right of an institution cannot, however, supersede the right of an applicant or recipient being cared for):

1. Denial of an application or request for, or the right to apply or reapply for, assistance under any program administered by the Department of Public Welfare.

2. The failure of the Department to give official notice of action on an application for financial assistance, medical assistance, Social Services, or food stamps within thirty (30) days after receiving the application.

3. Any Department action concerning suspension, reduction or termination of financial assistance, medical assistance, Social Services, or food stamps.

4. The failure of the Department to give official notice to the recipient of action taken on a request for increased assistance within thirty (30) days or the denial, in whole or in part, of such a request.

5. Unresolved disputes pertaining to:

   a. Classification regarding employment on issues concerning the suitability of employment under GR, AFDC, and food stamps.

b. Classification for WIN registration.

c. Manner or form of payment including appropriateness of paying all or part of the standard budget as protective or vendor payment.

d. Scope and amount of payment.

6. Denial of a request for Emergency Assistance, or failure to give written notice to the applicant of action on such a request forthwith.

7. Coercive or otherwise improper conduct on the part of any Department employee involved in the applicant's or recipient's case, including unwarranted or illegal conditions on the eligibility or receipt of assistance or services.

B. Request for Fair Hearing

A request for a fair hearing is defined as a written statement by the appellant or his authorized representative acting for him which asks for the opportunity to present his case to a higher authority. The request for a fair hearing is to be received by the Department within thirty (30) days of the official written notice of action by the Department which includes a statement on the right of appeal and time limit for appealing.

C. Date of Request: Time Limit for Rendering Decisions

The date of request for a fair hearing is the day on which the appellant presents his written statement to the Division of Hearings asking for the opportunity to present a grievance to a higher authority. The final fair hearing decision must be rendered within sixty days of the date of request, except when an appellant appeals a denial of the right to apply or reapply for assistance, a denial of an application for assistance, the failure to act on an application for assistance within thirty days of application, or the failure to render Emergency Assistance, or disaster assistance benefits for SSI or GR recipients, in which instances, the final decisions must be rendered within forty-five days of the date of request.

II. Prehearing Procedure

A. Scheduling

Within five days after the Division of Hearings receives a request for a fair hearing, the Division of Hearings will register the appeal, set a date for a hearing, and so notify the appellant and the relevant office of the Department. The Division of Hearings must designate a site for the hearing, convenient to the appellant. If the appellant has a handicap or other situation which prevents his appearance at the designated site, at his request the hearing may be held at his home or other designated

place (e.g., hospital, nursing home).

B. Notice of Fair Hearings

The notice of the fair hearing must specify the date, time and site of the hearing. An explanation of the hearing procedure and the appellant's right to be represented by legal counsel or lay advocate shall be included with the notice. If fees are charged by legal counsel, the appellant is responsible for payment.

C. WSO Assistance to the Appellant

Upon being notified of the filing of a request for a fair hearing the WSO shall make every effort to assist the appellant in preparing for his hearing, including giving information and making referrals to help the appellant make use of any legal services, welfare rights organizations or welfare advocacy groups in the community which can provide representation in a fair hearing proceeding.

D. Right to Examine Case File and Documents

The WSO shall provide the appellant or his representative(s) adequate opportunity to examine the entire contents of the case file and all documents and records to be used by the WSO at the fair hearing at any time after a request for fair hearing has been filed, unless a telephone inquiry by the WSO to the Division of Hearings indicates that it has not been filed. The appellant's representative(s) shall have written authorization from the appellant to examine the contents of the case file.

E. Subpoena

1. Definition

A subpoena is a document which commands a witness to appear at a given time and give testimony before a court or an administrative proceeding such as a fair hearing. A subpoena can also require the witness to produce before the court or administrative proceeding any documents, papers or records in his possession or control.

2. The Right to Subpoena

a. The Division of Hearings on its own may issue a subpoena requiring the attendance and testimony of witnesses and the production of any evidence, including books, records, correspondence or documents, relating to any matter in question in the fair hearing.

b. The appellant has the right to subpoena any witness and the production of any evidence. The appellant may:

(1) have such subpoena issued by a notary public or justice of the peace in the name of the Division of Hearings, or

(2) apply to the Division of Hearings in writing for the issuance of such subpoena. Such subpoena shall be issued within two working days of receipt of the application.

3. Petition to Vacate Subpoena

Any witness subpoenaed may petition the Director of the Division of Hearings to vacate or modify a subpoena.

a. The Director shall in an informal manner give the party issuing or requesting the issuance of the subpoena notice of such petition orally or in writing. The notice shall recite the contents of the petition orally or if time permits, in writing to the Director. If time does not permit an oral opposition the hearing shall be postponed long enough to permit the party to respond to the petition. This procedure shall not be construed to require a hearing or adjudicatory proceeding.

b. After such investigation as the Director considers appropriate, the Director may grant the petition in whole or in part upon a finding that:

(1) the testimony or the evidence whose production is required does not relate with reasonable directness to any matter in question, or

(2) the subpoena is unreasonable or oppressive, or

(3) the subpoena has not been issued a reasonable period in advance of the time when the evidence is requested. Unless the Director finds that at least one of the above conditions exist, the Director shall deny the petition.

4. Failure to Comply With A Subpoena

If any person fails to comply with a properly issued subpoena, the Division of Hearings shall, and an appellant who requested the issuance of the subpoena (if such is the case) may petition the Superior Court for an order requiring compliance with the terms of the subpoena. If the Superior Court issues such an order and any person does not comply with it, the Court may punish that person for his contempt.

F. Adjustment of Matters Related to the Fair Hearing

The fact that an appeal has been filed does not prohibit the WSO from making an adjustment in the matters at issue prior to the fair hearing. If, as a result of an adjustment, the appellant is satisfied and wishes to withdraw

all or parts of his appeal, the WSO shall transmit to the Division of Hearings the appellant's written withdrawal. However, neither the WSO nor the Division of Hearings can delay or cancel a fair hearing because a possible adjustment is under consideration unless the appellant requests a delay or cancellation.

G. Request for Rescheduling

Prior to the day on which the fair hearing is scheduled the Division of Hearings:

1. may change the date, time and place of the hearing upon due notice to the parties involved; or

2. shall at the request of the appellant or the WSO continue the hearing to another date if the request sets forth a good faith claim that the party requesting the continuance is not prepared to go forward on the date originally scheduled or needs additional time to produce evidence and witnesses, or has other good reasons for not appearing on the date set.

Any continuance granted by the Division of Hearings at its own instance or at the instance of the WSO may not waiver the time limits set by this Chapter.

IV. Fair Hearing

A. Description of Fair Hearing

The fair hearing provides an opportunity for the appellant and the WSO to present all materials relevant to the case. A hearing is conducted by an impartial referee of the Division of Hearings; his decision is based only on those matters which are presented in the hearing; the referee examines the facts and law, and other circumstances of the case presented by the parties to determine the legality and appropriateness of the Department's action or inaction. The decision of the referee is the final administrative adjudicatory decision of the Department; it is binding upon all employees of the Department and is not subject to any review within the Department, with the exception of appeals where the issue involves medical assistance.

B. Participation at the Fair Hearing

The following will participate at the fair hearing although others may attend at the discretion of the referee:

1. Appellant, and his authorized representative(s) and witness(es).

2. A staff person from the WSO assigned by the Director or his designee and other witnesses at the discretion of the WSO.

22. Assignment Procedures

When the legal liability of a third party is indicated, it is essential that the WSO have the applicant or recipient execute an original and four copies of an assignment (Form A-16) of the proceeds of the claim for the purpose of securing reimbursement for the payment of the medical care and services provided under MA or maintenance under AFDC, or medical care and services and/or maintenance under EA or GR and such assignment must be witnessed by a staff member of the WSO.

Only the costs for maintenance and/or medical care and services related to an accident or illness for which the assignment was taken is subject to recovery.

In the event that an applicant or recipient in any category refuses to or fails to execute an assignment relative to a third party liability, he must be notified that eligibility ceases. Notification must also be given to any provider of MA who has rendered medical care or services to such applicant or recipient that the Department is not liable for payment for such medical care or services because of applicant or recipient's refusal or failure to execute the assignment.

The WSO shall retain the original copy of the assignment in the case record and shall give copies to the applicant or recipient, his attorney, and the third party. If the third party liability consists of an accident case pending before the Industrial Accident Board, one copy shall be sent to them. A copy shall also be sent to the Regional Office attorney for filing and recording. The WSO and the Regional Office attorney shall each maintain a register containing pertinent facts on the third party liability. The Regional Office attorney shall maintain a tickler file for the purpose of alerting the WSO to check on the activity involved in the collection of the resource.

There will be instances when it will be necessary for the Department to bring legal action to enforce the recipient's claim against the third party because the recipient is unwilling or unable to pursue the claim. In such situations, that portion of the agreement relating to the subrogation of the claim shall apply and the Regional Office attorney must take legal action at the expiration of nine (9) months from the date of the cause of the accident, injury or illness.

Immediately prior to final settlement, the WSO Director must send a statement to the Regional Office attorney listing the amount of maintenance and medical payments made for which there is information available. The Regional Office attorney will be responsible for verifying the amount paid by the Department through the Medical Claims Control Center for medical services.

When the Regional Office attorney has obtained all the necessary information for settlement, it is then his responsibility to negotiate the settlement and discharge of assignment.

When the settlement and discharge of assignment is completed, the Regional Office attorney will forward the check (made out to the Massachusetts Department of Public Welfare) to the Central Office Legal Division, which in turn, will forward it to the Bureau of Accounts.

The Regional Office attorney must send a copy of the Discharge of Assignment (Form A-16A) to the WSO Director for filing in the case record.

The WSO Director must assess the need to make any adjustments to a grant or to terminate assistance based on payments to the recipient by the third party.

g. Recoveries, Third Party Liability and Assignments

MA

There shall be no adjustment or recovery of medical assistance correctly paid, except from the estate of an individual who was 65 years of age or older when he received such assistance, and then only after the death of his surviving spouse, if any, and only at a time when he has no surviving child who is under age 21 or is blind or permanently and totally disabled.

Whenever an MA recipient, not in a Long-Term Care Facility, dies possessed of property, real or personal, the WSO which carried the case must report to the Legal Division by way of revised Form LEG-2 within 30 days of the recipient's death.

The form shall be completed fully, accurately and promptly. The report must then be mailed directly to the Legal Division in Central Office.

No lien or encumbrance of any kind will be required or be imposed against the property of any individual prior to his death because of medical assistance paid or to be paid on his behalf or at any time if he was under 65 years of age when he received such assistance (except pursuant to the judgement of a court on account of benefits incorrectly paid on behalf of such individual). If medical care and services are provided by the Department and arises out of injury, disease or disability for which a third party may be liable, the Department shall require the person receiving such medical care and services to provide for the assignment to the Department of the amounts so expended from the proceeds of any such claim against the third party.

The legal liability of a third party, which is defined as an individual, institution, corporation, public or private agency must be ascertained in relation to the cost of medical care and services resulting from injury, disease or disability of applicant for or recipient of MA.

In determining whether medical assistance is payable, any third party liability is to be treated as a current resource when payment by the third party has been made or will be made within a reasonable time. Payment in behalf of an eligible individual, however, is not to be withheld because of the liability of a third party when such liability or the amount thereof cannot be currently established or is not currently available to pay the individual's medical expenses unless the applicant or recipient fails to execute the assignment.

Reimbursement is to be sought from a third party for medical assistance provided when the liability is established after assistance is granted and in any other case in which the liability of a third party existed, but was not treated as a current resource.

AFDC, EA and GR

When maintenance payments in AFDC or medical care and services and/or maintenance payments in EA or GR are made as a result of an accident, injury or illness for which moneys are expected to be provided by accident or health insurance, workmen's compensation, or otherwise, the Department shall require an assignment whereby the person(s) in need of such payments provides for reimbursement to the Department an equal amount of moneys so realized from any third party only to the extent of such payments made.

Trans. by MA Letter 117

20. Rules and Regulations on Personal Needs Allowances for Recipients Age 65 or Older in Long-Term Care Facilities - effective 1/1/72

Definition

Long-Term Care Facilities include the four levels of care adopted by the Department of Public Health on 1/12/71, namely, Licensed Skilled Nursing Homes, Extended Care Facilities, Intermediate Care Facilities, and Rest Homes. In addition Long-Term Care Facilities include Chronic Hospitals.

Purpose

To establish controls and accountability for the Personal Needs funds of public welfare recipients whose Personal Needs allowances are placed under the control of the facility in which the patient is a resident. Pursuant to a public hearing held on 10/15/71 the following rules have been established by the Department of Public Welfare:

a. Personal Needs money held for any recipient shall be used only for that patient's own personal needs. It shall not be used to purchase items included in the rate established by the Rate Setting Commission for that facility or allowable under the Medical Care Plan on a vendor payment basis.

b. When a facility assumes responsibility for a patient's funds, a statement authorizing this, signed by the patient, his guardian, conservator, relative or other responsible person on his behalf, shall be kept on file in the facility. This statement shall be made available to authorized personnel of the Department on request.

c. The facility shall employ sound accounting procedures to safeguard the patient's funds. It shall maintain an individual record for each patient's funds it controls. These records shall be kept in a bound book with numbered pages. All deposits and disbursements shall be recorded and receipts obtained for expenditures in excess of five dollars ($5.00). If money is given to the patient, the entry shall be dated and signed by the recipient. The records shall be available to authorized Department personnel on request.

d. No facility shall keep on hand in the facility patient care funds in excess of an aggregate for all recipients in an amount of $250.00. Patient's funds in excess of this amount may be kept in either/or a combination of the following two ways:

(1) An individual bank account in each patient's name. The interest shall accrue to the patient.

(2) A trustee account which shall be clearly titled as such and be a checking account. The account number and the name of the bank must be on file with the Department of Public Welfare, Medical Division, 600 Washington Street, Boston, Mass. 02111. A photostat of the current bank statement shall be submitted to the Department on the audit date specified in Item f.

e. Release of Patient's Funds due to Transfer, Release, Discharge or Death

(1) Transfer or release of patient to another long-term care facility

Funds kept in Item d. (1) or d. (2) shall be transmitted to the Administrator of the new facility within ten (10) days, i.e., either patient's passbook or check covering total credit balance in patient's name, including cash on hand held by the facility.

(2) Discharge or release of patient to community living

The patient shall leave with his passbook, Item d. (1), or shall be advanced funds from Item d. (2), for immediate needs, pending final settlement, to be completed within ten (10) days of discharge, including cash on hand held by the facility.

(3) Death of patient

Within five (5) days of the death of a recipient, whether or not the facility has any assets whatsoever which belong to the deceased, the facility shall complete page 1 of revised Form LEG-1 and mail to Director of Office of Finance, Department of Public Welfare, 600 Washington Street, Boston, Mass. 02111, along with a check for the recipient's Personal Needs Funds, if any, payable to the estate of the deceased plus any other assets.

Upon receipt of the revised Form LEG-1 the Office of Finance will promptly mail the Form to the WSO which was responsible for the case. The WSO, within 21 days of receipt of this form, shall complete page 2 of the form and mail it to the Legal Division, Massachusetts Department of Public Welfare, 600 Washington Street, Boston, Mass. 02111. State Mental Institutions are not affected by these regulations and therefore are not required to execute the revised Form LEG-1.

The facility continues to be bound by the obligations imposed by the Department's regulations whenever a patient is removed to an acute hospital and dies therein. The facility's obligations cease only when the patient is transferred to another long-term care facility or when the Medical Assistance is terminated for reasons other than death.

f. On June 1st of each year an accounting of the amount of money held by the facility for the recipient shall be made by the facility to the Department of Public Welfare. In addition, each recipient's name, Social Security number and WSO or Regional Office shall be indicated with this accounting. This accounting shall show how much money each recipient has as cash on hand, in an individual bank account or in a trustee account. This accounting must be sent to the Massachusetts Department of Public Welfare, Medical Division, 600 Washington Street, Boston, Mass. 02111.

Trans. by MA Letter 117

Eliminate all reference to AFDC per SL 267
Delete any reference to public housing SL 269

INSTRUCTIONS FOR THE USE OF ~~AFDC~~ OR GR TABLES

Tables I, II, III and IV are provided for the determination of the assistance grants in ~~AFDC~~ or GR. ~~When the family resides in public housing, Table II or IV are to be used.~~ In all other living arrangements Tables I or III are to be used.

The amounts listed in Table I or III for each living arrangement include the basic needs plus ASB of children 0 through 6 years of age. In Groups I, II and III when there is more than one person participating, one adult's adjusted basic needs are included. In Group IV the adjusted basic needs of children are included.

In Table II and IV the amounts listed in Sections A and C include the adjusted basic needs (except rent) of children 0 through 6 years of age.

In all tables, since all costs for children are included to 6 years, adjustment must be made at age 7 and at age 13 for increased cost because of age. Adjustment must also be made if there are two adults participating in the grant.

Life insurance is not included in any of these tables and shall be allowed when required as a non-basic need up to a monthly maximum of $1.60 for each adult and $ .70 for each child.

In Tables I, II, III and IV, the four types of living arrangements are grouped as follows:

Group I - Full Common Household Expenses

This Group includes any situation where the ~~AFDC~~ or GR family is responsible for the full cost of rent or carrying charges, fuel and utilities.

Group II - Shared Common Household Expenses with Non-Recipient

This Group includes any type of living arrangement where the ~~AFDC~~ or GR family shares the cost of rent or carrying charges, fuel and utilities with any person who is not a recipient of OAA or DA.

Group III - Shared Common Household Expenses with a Recipient

This Group includes any type of living arrangement when the ~~AFDC~~ or GR family shares the cost of rent or carrying charges, fuel and utilities with a person who is a recipient of OAA or DA.

Group IV - No Common Household Expenses

This Group includes any type of living arrangement when the ~~AFDC~~ or GR family does not pay rent or carrying charges, fuel and utilities.

Eliminate all reference to AFDC SL 267
Delete any reference to public housing SL-269

The budget worksheet (Form HE-1 Rev.) consists of three sections - need, income and amount of grant. All computations for total amounts appearing on the worksheet are to be computed on the reverse side of the form.

The following steps are to be taken in computing the amount of assistance grant in family cases.

Table Figure - enter the appropriate figure appearing in Table~~s~~ ~~I or~~ III ~~or Sections A or C of Tables II or IV. The appropriate rental figure from Tables II or IV, Section B is to be added for families living in public housing (Group I-PH, II-PH or III-PH).~~

Amounts to be Added to Table Figure when Applicable

Other Adult - if more than one adult is to be included in the budget, add appropriate figure for the other adult.

Children 7-12 - add appropriate figure for each child in this age group included in the budget.

Children 13-20 - add appropriate figure for each child in this age group included in the budget.

Non-Basic Needs - cost of any non-basic need item, such as a special diet, is to be added to Table figure.

Utilities - ~~add the appropriate additional figure when rent does not include cost of utilities in public housing only.~~

Determination of Grant

The grant is determined by deducting all income defined in Chapter IV, Section B from the total budgeted needs.

Minimum Grant - The deficit as computed shall be rounded off to the next higher zero for purposes of bookkeeping convenience. If the deficit is less than $2.00, the minimum monthly grant shall be $2.00. If no deficit exists, no direct payment is to be granted.

Eliminate all reference to AFDC. SL 267

~~APDC~~ Budget Procedure - Resource of Children

SL 267

~~When a mother~~ has children by different fathers, occasionally there ~~will be~~ situations where ~~the resource~~ of the children of one ~~father is~~ sufficient to meet the need. In such ~~instances the children must~~ be excluded from the budget in the determination of the ~~grant. The budget~~ for the other members of the family in the ~~home is~~ to be in accordance with ~~Table I, Group~~ II. When the ~~resource~~ of these children is insufficient to meet their need ~~they are to be~~ included in the regular budget procedure.

Special Factors

The needs of the unmarried brothers and sisters to 21 years of age of the dependent children, who are living in the home of a parent (grantee relative) and the dependent children, are to be included in the budget except when their net income is equal to or greater than their budgetary needs.

When a dependent eligible child is attending school or college away from his home, the items for clothing and personal care according to the Standard Budget figures (see Section D) plus the ASB adjustment is to be added as an additional item under "Other Needs" on the ~~APDC~~ budget worksheet. The only additional figure which must be included is food plus the ASB adjustment for the child while he is actually in the home.

SL 269 Cuban Refugee Program

~~AFDC~~ - Simplified Assistance Table

	Persons Participating in Grant									
*Group	1	2	3	4	5	6	7	8	9	10
I		187.60	217.60	247.70	277.70	307.80	337.80	367.90	397.90	428.00
II	84.70	133.00	163.00	193.10	223.10	253.10	283.20	313.20	343.30	373.30
III	100.30	148.60	178.60	208.70	238.70	268.80	298.80	328.80	358.90	388.90
IV	30.10	60.10	90.20	120.20	150.30	180.30	210.40	240.40	270.50	300.50

*Group

I - Full Common Household Expenses

II - Shared Common Household Expenses with Non-Recipient

III - Shared Common Household Expenses with Recipient

IV - No Common Household Expenses

Amounts to be Added to Table Figure When Applicable

Other Adult - $18.20

Children

Age 7 thru 12 - $13.80 each child

Age 13 thru 20- $22.00 each child

Insurance

Adult - $1.60 each

Child - $ .70 each

Trans. by S.L. 259

The steps involved in establishing the assistance grant for special situations in which the case cannot be budgeted by the simplified methods in Sections A and E are:

1. Identify basic and non-basic budgetary needs according to living arrangements.

2. Compute total basic budgetary needs but in AFDC and GR families with children cases use the basic amounts for children ages 0 through 6 on page 2 of this Section for another adult or children of any age.

3. Multiply the total basic budgetary needs figure by the current ASB factor. The current ASB factor is ~~1.7704 for OAA~~, 1.6208 for DA and AFDC, and 1.5855 for GR. 1.8430 for OAA.

4. Add to the ASB figure the amount of non-basic budget items, if any, including Leisure Time Activities Allowance and Transportation Allowance in OAA and DA cases where appropriate and also the current amount for Other Adult ~~and~~ appropriate amounts for children ages 7 through 12 and 13 through 20, if any, in AFDC and GR Families with Children cases from Tables I or III in Section A of this Chapter.

5. Determine the income of the applicant or recipient.

6. Compute deficit between 4 and 5 which represents the amount of assistance payment, if any. Whenever the computed budget deficit is less than $2.00, the minimum monthly grant shall be $2.00. The deficit as computed shall be rounded off to the next highest zero for purposes of bookkeeping convenience. If no deficit exists, no direct payment can be granted.

ITEMS SUBJECT TO ASB

	ADULTS		CHILDREN		
	Alone	With Another or Others	0 thru 6	7 thru 12	13 thru 20
Food	$27.00	$22.50	$12.80	$18.40	$22.95
Clothing	5.00	5.00	4.35	7.35	7.60
Personal Care	2.40	2.15	.85	1.05	1.50
Household Supplies & Replacements	1.25	1.25	1.25	1.25	1.25

	OAA & DA		AFDC	
	Heated	Unheated	Heated	Unheated
Rent	42.00	30.00	62.00	50.00
Fuel and Utilities	8.00	20.00	8.00	20.00

ITEMS NOT SUBJECT TO ASB

SL 282

	OAA	DA
Leisure Time Activities	34.50 ~~26.50~~ ~~11.50~~	34.00 ~~26.00~~ ~~4.00~~
Transportation Allowance	17.5 ~~12.50~~ ~~9.50~~	15.00 ~~10.00~~ ~~7.00~~

Life Insurance Premiums	OAA and DA	AFDC	
		Adult	Child
	3.00	1.60	.70

Infant's Layette (Total Cost)
50.00

The appropriate figure appearing below is to be added to the simplified assistance table figure in any category when a special diet has been recommended in writing by a physician.

SCHEDULE FOR ADULTS

TYPE OF DIET	AMOUNT TO BE ADDED
Low Sodium	$18.00
Bland	30.00
High Calorie	35.00
Diabetic #1	26.00
Diabetic #2	28.00
Low Calorie	16.00
Low Fat	15.00
Pregnancy	17.00

SCHEDULE FOR CHILDREN

TYPE OF DIET	AMOUNT TO BE ADDED
Bland	$36.00
High Calorie	34.00
Diabetic Diet #1	28.00
Diabetic Diet #2	37.00
Low Calorie	24.00

The above types of diets are prescribed for the diagnoses outlined below.

Low Sodium - For treatment of kidney or circulatory diseases such as malignant hypertension, congestive heart failure, nephritis with edema.

Bland - For treatment of peptic ulcers, gastritis, colitis, spastic constipation, diverticulosis or other disorders of the gastrointestinal tract.

High Calorie - For treatment of nephrosis, toxemia, post-operative cases, severe burns, rheumatic fever, tuberculosis, malnutrition and convalescence after illness.

Diabetic - Two diabetic diets are included, varying with the amount of carbohydrates, protein and fat. No. 1 contains 180 grams carbohydrate, 80 grams protein and 80 grams fat; No. 2 contains 220 grams carbohydrate, 90 grams protein and 80 grams fat.

Low Calorie - For treatment of obesity.

Low Fat - For treatment of conditions requiring food low in cholesterol.

Unusual diets not listed here shall be treated on an individual basis and computed by a home economist or nutritionist.

This table is to be used when a rental exception is approved. Exceptions are limited to a maximum of $25.00 a month above the adjusted amount provided in the budget. For example, if an OAA recipient is paying $55.00 a month for an unheated apartment, move down the first column to $55.00; the additional amount to be allowed is $5.00. If a DA recipient is paying $75.00 for a heated apartment, move down the appropriate column to $75.00 and the amount to be allowed is $10.00

OAA				DA			
Unheated - $30.		Heated - $42.		Unheated - $30.		Heated - $42.	
If actual rent is:	Monthly Increase:	If actual rent is:	Monthly Increase:	If actual rent is:	Monthly Increase:	If actual rent is:	Monthly Increase:
$50. or less	0	$70. or less	0	$46. or less	0	$65. or less	0
51. add	$ 1.	71. add	$ 1.	47. add	$ 1.	66. add	$ 1.
52.	2.	72.	2.	48.	2.	67.	2.
53.	3.	73.	3.	49.	3.	68.	3.
54.	4.	74.	4.	50.	4.	69.	4.
55.	5.	75.	5.	51.	5.	70.	5.
56.	6.	76.	6.	52.	6.	71.	6.
57.	7.	77.	7.	53.	7.	72.	7.
58.	8.	78.	8.	54.	8.	73.	8.
59.	9.	79.	9.	55.	9.	74.	9.
60.	10.	80.	10.	56.	10.	75.	10.
61.	11.	81.	11.	57.	11.	76.	11.
62.	12.	82.	12.	58.	12.	77.	12.
63.	13.	83.	13.	59.	13.	78.	13.
64.	14.	84.	14.	60.	14.	79.	14.
65.	15.	85.	15.	61.	15.	80.	15.
66.	16.	86.	16.	62.	16.	81.	16.
67.	17.	87.	17.	63.	17.	82.	17.
68.	18.	88.	18.	64.	18.	83.	18.
69.	19.	89.	19.	65.	19.	84.	19.
70.	20.	90.	20.	66.	20.	85.	20.
71.	21.	91.	21.	67.	21.	86.	21.
72.	22.	92.	22.	68.	22.	87.	22.
73.	23.	93.	23.	69.	23.	88.	23.
74.	24.	94.	24.	70.	24.	89.	24.
75. or over	25.	95. or over	25.	71. or over	25.	90. or over	25.

Delete all GR references SL291

INSTRUCTIONS FOR THE USE OF TABLE V

Table V provides for the determination of assistance grants in OAA, DA ~~and for individuals on GR~~. Statutory amounts for leisure time activities and transportation allowance where required are included in OAA and DA. All figures appearing for OAA in the table meet the legal minimum.

Group I - Full Cost of Common Expenses

The different types of living arrangements included in this Group are as follows:

A. When recipient lives alone in a heated or unheated home or room; or with roomer(s).

B. OAA, DA ~~or GR~~ recipient maintains own household and lives with non self-sufficient spouse; with single child(ren); with boarders; ~~with spouse or other adult(s) receiving GR (see Group IV-B)~~ or with person essential to care (See Group IV-A).

Group II - Prorated Common Expenses

This group includes:

OAA, DA ~~or GR~~ recipient living with self-sufficient spouse; with married children in home maintained by the recipient.

OAA or DA recipient living with spouse in receipt of OAA, DA, AFDC, AB or VB; with child in receipt of AFDC; with non-related persons or families when the actual arrangement is that of sharing common household expenses.

Group III - Boarding

This group includes the following:

A. Recipient living in a home maintained by married child or parent. The figure appearing in the table has been computed using the board rate of $10.50 per week.

B. Recipient living in home of any relative other than a married child or parent, a non-relative or in a commercial boarding home. The figure appearing in the table has been computed using the board rate of $13.50 per week.

Delete all GR references SL 291

C. Licensed Rest Homes. The figures appearing in the table represent personal needs, including LTA and TA for OAA and DA. To this figure must be added the appropriate per diem rate, and the total obtained is the direct payment to be made to the recipient.

D. Licensed Skilled Nursing Homes, Chronic Hospitals, Public Medical Institutions, Intermediate Care Facilities. The figures appearing in the table include clothing and personal care adjusted in accordance with the cost of living and leisure time activities.

Group IV - Miscellaneous Individual Situations

A. The figure appearing in the table represents the basic needs of the person essential to care and is to be added to the recipient's assistance grant, (Section A, p. 4).

B. ~~GR recipient living with spouse or other person and not responsible for household expenses.~~

The following must be considered in the determination of the assistance grant:

Non-Basic Needs

These items are to be added to the figure appearing in the table. These are items provided in accordance with Department policy on an individual basis and include life insurance (as paid up to a maximum of $3.00 per month), hospital insurance, excess rent or carrying charges, special diets and other special needs.

Income

All available income must be considered in determining need of recipients but only income which is actually being received may be deducted. (See Chapter IV, Section B of this Manual).

Incorporated Charitable Homes

The rate in this facility is determined by the type of license issued to the home, either a license to operate as a nursing home or a rest home. Personal income or resources made available to residents of the home from income of trust funds, endowments, etc., are deductible from the budgeted needs of the recipient.

Delete all GR references SL 291

Maintenance of Home While in Institution

When recipient is in a licensed nursing home, chronic hospital, public medical institution, licensed rest home or incorporated charitable home, consideration should be given to the need for maintaining the patient's own home when temporary care is being provided in the institution.

Temporary Absence from Residence

When a recipient is temporarily absent from his residence the amount of the grant during his absence must meet his needs as determined in accordance with the established assistance plan, except that it shall in no case be larger than the grant he received immediately prior to the temporary absence. During the period of temporary absence the check must be mailed to the address of the recipient's choice.

Method of Budgeting When a Recipient Enters a Hospital

When a recipient is admitted to a hospital for acute care and has been residing in a rest home, nursing home, chronic hospital, public medical institution, not requiring a license, or has been boarding with a relative, an adjustment in the regular grant is to be made which will exclude the item of board and room for the number of days the recipient is hospitalized.

When a recipient who has income is hospitalized, such income must be applied toward his maintenance needs for the current or subsequent months and in no event is such income to be used to reduce the payment due the hospital.

Delete all GR references SL 291

The steps involved in establishing the assistance grant are:

1. Determine actual living arrangements.

2. Select proper living arrangement classification from table.

3. Enter the appropriate figure on budget work sheet.

4. Add non-basic budgetary needs to the figure in item 3.

5. Total items 3 and 4.

6. Deduct all income defined in Chapter IV, Section B.

7. Compute the difference between items 5 and 6.

8. This computation represents the amount of the assistance payment if any. Whenever the computed budget deficit is less than $2.00 the minimum monthly grant shall be $2.00. The deficit as computed shall be rounded off to the next highest zero for purposes of bookkeeping convenience. If no deficit exists, no direct payment can be granted.

This table is to be used for OAA and DA. To determine the use of the table, refer to the instructions.

		OAA	DA
Group I -	Full Cost of Common Expenses		
	A. Recipient Living Alone	210.00	187.90
	B. Recipient Living with Another or Others (see instructions)	201.40	180.20
Group II -	Prorated Common Expenses		
	Recipient Living with Another or Others (see instructions)	155.20	139.70
Group III -	Boarding		
	A. Recipient Boarding with Child or Parent	152.00	136.90
	B. Recipient Boarding with Other Relative, Non-Relative or in a Commercial Boarding House	176.40	158.30
	C. Licensed Rest Homes	68.20	63.10
	Personal Needs (Add to the Personal Needs Allowance the per diem rate x 7 days x 4 1/3 weeks)		
	D. Licensed Skilled Nursing Homes, Chronic Hospitals, Public Medical Institutions, Intermediate Care Facilities	30.00	30.00
Group IV -	Miscellaneous Individual Situations		
	Person Essential to Care	57.30	50.20

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MASSACHUSETTS PUBLIC ASSISTANCE POLICY MANUAL

Revised 1965

CHAPTER V - SOCIAL SERVICES

Introduction

Public welfare agencies at all administrative levels have been concerned with the special problems of families and children who, because of family disruption and limited resources, have difficulty in maintaining an adequate family life. Therefore, a major objective which public welfare agencies are expected to achieve in working with public assistance families is the improvement of social services to strengthen family life, the safe-guarding of children in hazardous home situations, and the reduction of dependency through an effective program of rehabilitation services. Massachusetts has elected to provide to public assistance families all of the required as well as the optional social services specified in the Social Security Act, particularly in the 1962 amendments.

The objectives of the agency in relation to the provision of services, the procedures to be used to determine the need for services and the types of services to be provided are described in the following material.

Definition of Social Service

Social Service is defined as those activities of social work staff and related specialists which are directed towards helping the individual client in one or more areas of functioning (i.e., economic, personal, family and social) for the purpose of achieving, to the extent possible, the objectives of stronger family life, social rehabilitation, self-care and economic independence for each individual family or adult.

1. Agency Objectives in Relation to Care, Supervision, and Protection of Children

   a. General

      The general objectives for the provision of services to eligible families with children under ~~18~~ 21 years are: SL 266

      (1) To meet the financial needs of families and children as adequately as possible under state standards and to provide assistance in a manner which recognizes the dignity of the human being and his right to make his own decisions about his life.

      (2) To strengthen family life by assisting and supporting parents in carrying their parental responsibilities; to enable parents to maintain a home life conducive to the physical, spiritual, emotional and social growth and development of children.

      (3) To enable adults to realize their maximum capacities for independent functioning including self-support for themselves and their children to the extent compatible with their responsibilities in the home.

      (4) To assure each child opportunity for maximum development of his individual capacities and to become a responsible, productive adult and parent.

b. Special

Agencies are to be concerned in particular with the serious implication of conditions associated with unmarried parenthood, desertion, children in need of care and protection, families with adults with potentials for self-support and children with special problems. The services needed by such families to arrest, alleviate, and prevent these conditions require the development and full use of the resources of the communities in which they live.

2. Basic Needs of Children; Parental Role

a. Needs of Children

In order that children may become productive, useful, well-adjusted adults, certain basic needs must be met in relation to their physical, emotional, social, religious, and educational growth and development. Consequently, local agencies must have an understanding and appreciation of the following basic needs in order to provide services that will contribute to the well-being of all children.

(1) Physical Needs - All Children need proper physical care which would include:

(a) sufficient food for proper growth and development,

(b) suitable clothing for play and school,

(c) a reasonably decent place in which to live which provides appropriate privacy, adequate heating and sanitary facilities, and

(d) medical care to assure that acute and chronic medical problems needing preventive or remedial care, receive treatment.

(2) Emotional Needs - All children need:

(a) a sense of belonging and a feeling that their parents and family care about them,

(b) good parental and other adult example to develop a set of moral values that will provide opportunity for orderly living and wholesome development.

(3) Social and Religious Needs - All children need:

(a) opportunity to participate in the usual community recreational and leisure-time activities,

(b) opportunity for creative experiences both for the child alone and with others,

(c) opportunity to develop a feeling of satisfaction in cooperation by being a part of a group, participating in the life of the school, the church, and social community, and

(d) opportunity to exercise their religion.

(4) Educational Needs - All children need:

(a) sound academic training or special educational opportunities in order to insure maximum individual development and preparation for living,

(b) the support of their parents in order to get to school regularly and on time and presentable so that they are not set off from other children.

(5) General Needs - All children need:

(a) discipline, supervision, guidance and protection.

b. Parental Role in Meeting Needs of Children

In our society parents are expected to give their children, within their ability and resources, all of the following until their children can care for themselves: 1) adequate food, shelter, clothing and medical care; 2) affection, understanding and guidance; 3) protection from harm; 4) firm and consistent discipline; 5) moral and social direction; and 6) opportunities for learning and recreation.

Parents have the right to decide what happens to their children so long as they discharge their obligations as parents. The rights of parents can be limited, in the child's and society's interest, only in accordance with due process of law and only to the extent and for the period of time that is necessary to insure the child's and the public's protection.

Parents themselves have needs and if such needs are not met they may fail in important ways to meet their child-rearing responsibilities. Some of the essential needs of parents are:

(1) need of a sense of basic financial security,

(2) need to do responsible work and to have the work they do considered valuable,

(3) need of continuity and stability in their personal lives,

(4) need to be identified with social groups outside the home,

(5) need to have confidence in the community resources available to meet children's needs.

3. Procedures for Determining Services

The agency is expected to try to achieve its service objectives by providing continuing and consistent casework services to meet certain defined needs and to help resolve certain defined problems of families -- parents and their children. Casework is a problem-solving process which helps the client to develop effectiveness in coping with his problem, to eliminate the problem or to diminish its bad effects.

As services are rendered, the casework process continuously repeats and intertwines the elements of fact-finding, evaluation, case planning and efforts at problem-solving. These elements of the casework process are overlapping and interdependent.

The determination for the provision of services to individuals and families is to be accomplished through the following progressive steps:

a. Purpose, Scope and Frequency of Visits

With reduced caseloads, it is possible for caseworkers to acquire as full and complete an understanding as possible of the family as a unit. Since this can be accomplished only through a close and strong relationship between the family and the agency, it is necessary that frequent visits be made to the home. Therefore, the Department has established the requirement that all families receiving Aid to Families with Dependent Children or General Relief must be visited as often as necessary, but not less frequently than once in three months. The primary purpose of each visit shall be to assure that the children are being reared in the manner for which assistance funds have been granted, that all needs of the family are being met, and that all possibilities of return to self-support are being explored. Continuing eligibility must be re-established quarterly in all Aid to Families with Dependent Children cases.

b. The Social Study

A most important element in casework is the social study which is a continuous part of the process. This means that from the first contact with the agency, the process of acquiring and organizing all pertinent information regarding the individual family members' capacities, abilities, and problems and the family as a unit begins in order that the agency may identify immediate and foreseeable problems and possible ways of solving them. The initial social study of newly accepted cases must be completed within 90 days from the date of application.

Each family member must be seen and observed during the initial social study and, if appropriate, must be interviewed. To maintain current knowledge of each child, the child's needs, abilities, progress and problems will be discussed with the parent initially and regularly thereafter. Observation

of and interviews with children after the initial social study will be conducted as needed to supplement information provided by the parent and to carry out the case plan.

The social study shall be a continuing process as long as the individual or family continues to be in need. To assist caseworkers in obtaining all information needed on an individual or family an outline guide for interviews is attached (Appendix I).

c. Evaluation of Family

Data obtained during the social study should provide the basis for evaluation of the individual family members and the total family. Each family is to be evaluated according to the best judgment of the local agency.

Appendix I provides ten basic social areas with which boards of public welfare should be concerned in determining the extent and degree of problems relating to the individual family members. The evaluation, when properly recorded, makes available for ready reference a comprehensive picture of the strengths and weaknesses of the family which can be used for supervisory and review purposes.

All family cases receiving assistance as new or reopened cases must be evaluated within ninety days following approval of assistance. This evaluation is to be in accordance with the major problems involved and the nature of the services needed to enable the agency to plan effective use and development of agency and community resources to provide the needed services.

The social worker must determine the type of problem involved and the defined service area. This information must be recorded in the case record to reflect that this is or is not a defined service case as outlined in the service material on pages 6-20.

Once the first evaluation has been made, it will then be possible for the agency to arrive at a purposeful plan of treatment for the family. The case plan must be revised and recorded as conditions change.

d. Plan for Treatment Services

Having completed the social study and evaluation of the case, the next process in family rehabilitation is the development of a systematic and appropriate treatment plan for the family as a whole and for its individual members. This plan should be developed jointly by the social worker and the family. Services needed in any of the ten basic social areas are to be determined and included in the treatment plan detailing the steps to be taken in providing such services either through the board of public

welfare itself or by referral to an appropriate outside agency. When these services are not available from any agency, the need for the particular services should serve as the basis to promote the development of community action and services for rehabilitation and prevention. The provision of services will be terminated in each case when the need for services no longer exists or their continuance is unwarranted.

4. Intake Process

During the application process the social study is to be initiated on all approved applications. All applicants are to be helped to make full use of resources in the board of public welfare and are to be referred to other community resources as need is indicated.

Intake service will be provided for the purpose of identifying and studying potentials for improved family and individual functioning and for reducing or eliminating dependency for new applicants at the earliest possible opportunity and to provide short-term and referral service to bring to bear the full resources of the agency and the community.

5. Objectives, Problems and Services in the Basic Social Areas

The following material is a guide for boards of public welfare to determine what services shall be provided to applicants and recipients as determined by the social study. The services listed below are related to many of the needs that may be found to exist in the ten basic areas covered in the social study--(see Appendix I). Although the services listed do not, of course, include all services needed in each area, they provide illustrations as to the types of services to be considered in the treatment plan for the individual case.

a. Home Setting

Objective: To secure for families and adults home settings which support and strengthen their efforts to achieve sound family life and individual healthy social adjustment.

Problem: A problem exists when a family's or individual's living quarters are overcrowded, in poor repair, physically hazardous, lacking in normal sanitary facilities, lacking in normal homemaking equipment, isolated and inaccessible to necessary facilities like transportation, school, shopping, or in a neighborhood characterized by pervasive social pathology (transient, high crime rate, etc.).

Services: (1) To establish the facts about the home setting to know whether or not a problem exists.

(2) To note the capacities client has shown in dealing with the problem.

(3) To respond encouragingly to or to elicit client's interest in working on the problem.

(4) To inform about and explain budget resources available to help; i.e., rental allowance, repair allowance, special need allowances for essential equipment, moving allowance, etc.

(5) To inform about, explain ways of using and, where indicated, assist in securing community resources potentially available to help with the problem; i.e., public housing facilities, the enforcement staff of local building and health laws, sources for securing inexpensively helpful items of equipment or furnishings, special housing or boarding home facilities for the aging, adult or other educational opportunities for training in home repair work, etc.

(6) To discuss and plan with client specific ways of meeting the problem.

(7) To assist in finding suitable housing.

(8) To help client or to work directly with landlords toward improving conditions in rental housing.

(9) To discuss with and help clients find more satisfactory ways of dealing with problems which cannot be eliminated.

(10) To inform about and help clients use any neighborhood resources which assist in healthy integration into the neighborhood.

b. Homemaking

Objective: To promote maximum functioning of which clients are capable in using their home setting, budget resources, community resources and their own capacities to create and maintain a home situation which meets the family's and individual's needs for physical care, a place for social living, children's needs for space and time to play and study, and adults' needs for satisfaction in the homemaking role.

Problem: A problem exists if the homemaking does not provide for: budget management to meet essential needs; meeting hygiene needs such as wholesome and regular meals, personal hygiene, provision, care and cleanliness of clothing; management of household chores so as to provide some regularity in daily living plan and minimum standards of cleanliness and household safety; attention to home decoration and maintenance of furnishings and equipment. The severity of the problem will vary according to age, physical

condition, out-of-home responsibilities and activities, etc.

Services: (1) To establish the facts about the homemaking performance of the client.

(2) To identify areas of capacity and satisfaction in performance.

(3) To express recognition and encouragement about areas of interest, effort and capacity in homemaking.

(4) To help them find ways and resources to express and carry out their interests and capacities in homemaking.

(5) To identify areas of difficulty in performance and lack of interest or satisfaction.

(6) To listen to their expression of concern or discouragement about homemaking problems and convey interest in and readiness to help with any difficulties about which they are aware and concerned.

(7) To help them recognize and develop some concern about serious problems in homemaking of which they are not aware or about which they seem to have no concern.

(8) To identify possible causative factors in problem areas so as to know what plans and resources might be helpful.*

(9) To discuss with and help clients develop plans about ways of meeting identified problems.

(10) To review and explain the budget grant.

(11) To counsel, encourage and develop plans with clients about ways of money management or management of household tasks that may reduce or eliminate problems.

(12) To do simple teaching or information giving related to methods of buying, meal planning, work planning, debt management, etc.

(13) To make available practical aids like household equipment when they are needed or would be encouraging through use of budget planning or provision of special needs items in the budget or through other community resources.

* Note sections on health, education and parental role as related here.

(14) To help clients know about and use community resources for inexpensive ways of meeting household furniture, equipment, clothing and food needs.

(15) To inform and help clients use community resources for training in general or specific aspects of homemaking; i.e., home economics consultants or classes, various adult education and other classes in such areas as money management, special diet planning, cooking, sewing, home decoration.

(16) To inform about and help clients secure any community services usually available from rehabilitation agencies or other agencies serving the handicapped, that assist in analyzing and simplifying household arrangements and methods to meet the special mobility or other activity problems of the ill, handicapped or aged.

(17) To inform about and help clients secure any community services available for assistance in housework or meal preparation for the ill, handicapped or infirm aged.

c. Physical Health

Objective: To prevent disease and incapacity, to promote recovery from illness and to maintain or restore maximum capacity to function in the presence of chronic disease and disablement.

Problem: A problem exists if a family or individual is not using health resources as needed, is using them ineffectively in relation to the above objective or needs continued supportive help to use resources effectively.

Services: (1) To establish and maintain currently the facts about health of each individual.

(2) To encourage clients to know about and use their opportunities for preventive health care for their children and themselves.

(3) To explain and help client understand agency's medical care program and how to use it.

(4) To encourage family or individual to seek and follow medical advice.

(5) To inform family or individual about relevant health resources and how to use them.

(6) To use the money payment effectively to meet special needs arising from or related to health.*

(7) To assist family or individual to make effective use of their own personal resources, especially to enlist the interest and help of relatives and friends as these may be needed either to enable use of health resources and follow through of health plans.*

(8) To assist family or individual to the extent necessary to use health resources advantageously.*

(9) To cooperate fully with the various health service resources to insure use and follow through of the health care plan.

d. Mental Health

Objective: To promote mental health and recovery from mental illness, to maintain or restore maximum capacity to function in the presence of mental illness, mental retardation and problems arising from nervous and emotional disturbances; and to contain or reduce as far as possible harmful spread of the stresses to the family unit.

Problem: A problem exists if a member of the family is mentally ill or mentally retarded or is sufficiently emotionally disturbed to create difficulty in family or social functioning and the family is in need of help in meeting the needs of the ill person or in adjusting to problems created by mental health within the family circle.

Services: (1) To be aware of the presence of diagnosed mental illness and mental retardation.

(2) To be aware of behavior suggesting that such a condition may be developing and to seek consultation about ways of establishing the facts and cooperating in treatment planning.

(3) To determine whether mental ill health is creating a problem in functioning within or outside the family.

(4) To know whether the family is making maximum use of community resources in meeting the needs of the ill person or in adjusting to problems created by mental ill health.

(5) To inform family about community mental health resources and how to use them.

* See related services under home setting and homemaking related to problems of health or disability.

(6) To encourage family to seek and use treatment and advice about mental health problems.

(7) To collaborate with social service staff in state hospitals in planning for entry and release of mental patients.

(8) To help parents to assure that each mentally retarded child and youth is helped to achieve his maximum capacity to function independently through education, training and other special services for mentally retarded children.*

(9) To collaborate with staff in institutions for the mentally retarded in planning for the entry of children who need that type of care and for the release of family members who are being returned to the community.

(10) To assist family in using community mental health resources by referral and cooperative case planning with such agencies and institutions.

(11) To inform and help family members use related group self-help supportive services such as parent-groups related to retarded children, etc.

(12) To support family in maintaining a continuing relationship with family members who are institutionalized (including provision for costs of transportation in the assistance plan) and in planning for the patient's return to the home.

(13) To assure that the needs of children in the home are being met when a patient (especially the mother) is mentally ill, including stimulating the interest and support of relatives, provision of homemaker service or day care of children or household help.

(14) To use the State's Standard of Assistance effectively to meet special needs of the family arising from problems of mental illness or retardation.

(15) To collaborate with schools and other community agencies in planning to meet the needs of mentally retarded children and youth.

(16) To assist family to make effective use of their own personal resources especially to enlist the interest and help of relatives and friends as these may be needed.

* See related services under school, etc.

(17) To demonstrate a continuing attitude of interest and encouraging support either to individual or family as needed.

(18) To be available for listening and for helping to organize and deliver practical financial, environmental or other resources during crisis periods.

e. School, Educational and Vocational Training

Objective: To assist clients make maximum use of their own potentials and the community's educational and training resources to prepare for or return to self-support and productive adult social adjustment.

Problem: A problem or need exists when the family or individual is not using, or is having difficulty in using his potentials and the community's resources effectively toward the above objective.

Priorities in attention to problems: All children entering high school and adolescents in danger of or having dropped out of school; the AFDC mother whose youngest child is approaching maximum age eligibility and AFDC mother with strong wishes and capacities for vocational success if adequate child-caring plans can be made; the unemployed father and the disabled whose physical rehabilitative treatment may restore partial or full work capacity if the social history and client's drives indicate potentials for some success.

Services: (1) To establish and maintain the facts about school achievement and adjustment of children.

(2) To establish facts about education, prior vocational training and work experiences of adults.

(3) To establish facts about interests, satisfactions, goals or lack of them in relation to education, vocational training or work experiences for children and adults.

(4) To elicit, direct and encourage parents' interest and concern about children's school adjustment and progress.

(5) To encourage and, where indicated, assist parents to work cooperatively with the schools and related educational resources in furthering a child's school adjustment and in establishing and working toward specific educational and training goals for each child.

(6) To work directly with a school in eliminating or reducing barriers of disinterest towards AFDC children.

(7) To discuss, encourage, and plan directly with older children, as needed or desirable, their educational and training plans and goals.

(8) To inform parents and children of educational and vocational training resources and assist them in using them.

(9) To assist parents use services related to their children's difficulties in education or vocational training.*

(10) To inform and help parents and children constructively use the Standards of Assistance related to educational and vocational training goals.

(11) To encourage and stimulate parents and other adults to think and plan about their own educational and job training interests and potentials.

(12) To inform parents and other adults and help them use community resources for assessment of training potential and for vocational and job guidance.

(13) To inform and assist parents and other adults in using services related to any barrier to pursuit of education and job training.*

(14) To inform and help parents and adults plan use of the provisions of the Standards of Assistance (including Special Needs items) to stimulate interest, meet practical budget needs and plan budget management if partial or full self-support becomes possible.

f. Parental Role

Objective: To assist in restoring, maintaining or developing capacities of mothers and fathers to carry effectively their parental tasks of nurturing, supporting, educating, and protecting their children.

Problem: A problem or need exists when either or both parents are failing to carry or are so ineffectively carrying one or more of their parental tasks as to hinder the child's development or when the stresses in carrying the tasks are adversely affecting parents or children or are threatening a breakdown into inadequate or failing performance.

Services: (1) To All Parents

(a) To establish the facts about the parents' performance

* See related sections homemaking, physical and mental health, social functioning, employment potential and rehabilitation potential.

in their parental tasks.*

(b) To provide the services listed in related sections where they have bearing upon parents' capacity for or performance in inadequate parenting.*

(c) To convey to parents interest and appreciation of their efforts and encouragement in carrying out their parental tasks.

(d) To recognize by actions that both parents have rights as well as responsibilities.

(2) With Special Reference to the Father in the Home

(a) To include father responsibility in the eligibility study process and budget planning.

(b) To secure father's ideas about plans for the family.

(c) To plan jointly with father and mother on any plans and projects developed with worker, as appropriate.

(3) To Absent Fathers (Parents)

(a) To seek out and locate absent father (mother).

(b) To inform father of family's contact with agency.

(c) To inform father of agency's interest in his family and in himself as a father.

(d) To inform father of legal actions mother and agency has or will be required to take and our interest and willingness to help him deal constructively with these required actions.

(e) To seek his knowledge and opinions on plans for the family.

(f) To discuss and plan his support contribution.

(g) To include him, as far as possible, in decision making with mother on any specific plans about family or individual children; i.e., moving, home improvements, health care, education, etc.

* See section on home setting, home management, health, school, social adjustment for relevant facts and services.

(h) To help him with cooperation of mother, have opportunity for carrying selected aspects of his father role in addition to support.

(i) To plan with father and mother ways of supplementing each other's responsibilities to the children.

(j) To seek out and establish facts bearing upon limitations in father's capacity to carry his role.

(k) To inform about and, where indicated, assist father in using any community resources which may improve his parental role capacity and performance.*

(l) To inform court authorities of father's financial situation and family's budget needs.

(m) To inform court of father's ability and willingness to carry out support plan.

(n) To work with court on plans for strengthening father's support performance.

(4) <u>To Parents Where Performance Seems Threatening to Child's Safety and Social Development</u>

(a) To pay particular attention to and note parents' attitude and behavior toward child.

(b) To pay particular attention to and note child's appearance and behavior.

(c) To express constructive concern to parents about the difficulties of their parental tasks.

(d) To identify and give services related to possible causative factors.**

(e) To plan with parents specific ways they can improve performance.

(f) To inform parents about special community resources that can help.

(g) To seek and use consultation regarding evaluation of the seriousness of the parents' failure in performance.

* See especially services under physical and mental health, educational and vocational training, social adjustment, employment and rehabilitation potential.

** See sections on home setting, homemaking, physical and mental health and social adjustment.

(h) To inform parents about the conditions under which a protective referral will be made.

(i) To inform parents when a protective referral is made and the nature of the continuing contact with the agency.

(5) To Unmarried Parents

(a) To give special attention in helping mother secure prenatal health care as early as possible in pregnancy as well as confinement and postnatal care and medical services.

(b) To inform about and help her use community resources for decision about long-range plans for her child.

(c) To discuss and assist her in making socially healthy living arrangements.

(d) To inform about and help her use community resources for working on her own future plans.

(e) To handle the eligibility and re-eligibility contacts in a manner to convey the possibility of choice and help in making choices about her long-range plans.

(f) To pay particular attention in helping her use well child, public health nursing and other pediatric health services in developing her responsible concern for and care of her child.

(g) To help her begin to think about and plan constructively for handling with child the facts of his illegitimate status.

(h) To discuss and plan with her about acknowledgement of paternity by putative father or legal action as indicated.

(i) To contact acknowledged or adjudicated father for discussion about his interest and capacities to assume relevant responsibility for mother or child or both.

(j) To inform acknowledged father of legal action mother may be or has been required to take and our interest and willingness to help him deal constructively with these requirements.

(k) To gather facts about the duration and nature of the relationship between mother and acknowledged father as a basis for assessment of potentials for a legitimate union.

(l) To seek consultation in relation to the above assessment.

(m) To inform father about relevant community resources on any problems related to his interest and capacity to assume full or partial paternal responsibility.

(n) To pay particular attention to mother's needs and problems in the area of school and vocational training and social adjustment.

(6) All Mothers Without Fathers in the Home

(a) To recognize the double burden in all aspects of parental role carried by such mothers.

(b) To pay particular attention to the services listed under relevant related sections that will assist in lightening this burden.*

(c) To inform about and help her use available community resources that will assist her sons in opportunities for healthy male identification and role imitation.

(d) To help her note and understand the importance to her children of the ways in which she talks about and/or acts with absent father.

(e) To inform about and help her use available community resources that may assist her in dealing more effectively with her children around the fact of the absent father.

g. Social Functioning

Objective: To assist adults and children achieve, maintain or restore healthy community social relationships.

Problem: A problem or need exists if the family or individuals are socially isolated, lack or have inadequate normal, supporting social relationships or are meeting their needs in this area in socially unhealthy or destructive ways.

Services: (1) To know the facts about the nature and degree of social integration and social relationships.

(2) To know and assess particular client interests on which healthy social relationships might be built.

* Home setting, homemaking, education and social adjustment.

(3) To know relevant community resources.

(4) To assess potentials in family or individual and the community for improved functioning.

(5) To act with family or individual in ways which tend to enhance their sense of being socially acceptable.

(6) To stimulate client's interest in possible desirable social contacts and activities.

(7) To inform about and help client begin to use desirable social contacts and activities.

(8) To counsel or advise on related questions of home setting and home management to facilitate social activities and contacts.

(9) To review and advise on budget management and special budget plans to facilitate social contacts and activities.

(10) To advise, support and, where indicated, teach ways of facilitating social contacts and relationships.

(11) To work directly, where indicated, with social activity resources in behalf of client.

h. Employment

Objective: To assist all clients in securing or returning to employment providing family responsibilities permit such employment when client is employable, has completed educational and vocational training, or has completed physical and vocational rehabilitation treatment.

Problem: A problem or need exists when, all prior services leading to employability having been completed, the client is having difficulty in or failing to locate employment.*

For Priorities - See e. - School, Educational and Vocational Training

Services: (1) To inform about and help client use the job-finding resources of the community, primarily the Division of Employment Security and school employment offices as well as private resources and the agency's own community knowledge.

(2) To listen to client's fears or questions about job-seeking.

* See especially health, school and vocational training and home management.

(3) To review with clients ways of carrying effectively a job application interview.

(4) To review, discuss and plan ways of meeting budget needs for personal items necessary for successful job application.

(5) To review and plan budget management with client, including provision for expenses incident to employment, and where indicated, orderly budget transition from public assistance to self-support.

(6) To discuss and counsel and, where indicated, help in planning around meeting any problems of home-management related to or resulting from the employment of adult or older child.

(7) To discuss, evaluate and assist mothers entering the employment market in their planning for proper supervision of the children, as necessary, including mobilizing the assistance of relatives, close friends or neighbors or community day-care facilities.

i. Rehabilitation*

Objective: The restoration of the physically and mentally handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable.

Problem: A problem exists if one or more family members is physically or mentally handicapped to the degree that it affects his preparation for adulthood, self-care, or self-support.

Services:

(1) To recognize physical and mental conditions that are producing or will produce a handicapping effect on an individual's ability to function efficiently.

(2) To encourage the use of health services to prevent residual disability from disease and injury.

(3) To assist the handicapped individual in obtaining, through community services, a total evaluation of his physical and/or mental disability in order that his rehabilitation potential may be established.

(4) To cooperate and follow through with all relevant community agencies to develop a complete rehabilitation program for the disabled individual to insure restoration to his fullest capacity.

* See physical and mental health for other relevant services such as assistance to family in understanding and follow through of health services rendered to handicapped individuals, understanding and use of Medical Care Plan and other public assistance resources.

(5) To encourage and assist the handicapped individual in obtaining those rehabilitative services, including health, rehabilitation center, employment and vocational programs that will prepare him for realizing his rehabilitation potential.

j. Support

Objective: Maximum development of the family's income from employed members with special emphasis upon parental support from absent fathers.

Problem: A problem or need exists when support resources have not been adequately developed.*

Services:

(1) To establish and keep current the facts about earnings and expenses of employed family members.

(2) To discuss family's financial needs and plans with employed members in relation to their financial contribution.

(3) To encourage and, where indicated, participate in joint family planning between employed members and financially dependent head of the house.

(4) To inform employed member of relevant laws and policies relating to financial support and any action that family or Department may be required to take relevant to the legal facts.

(5) To provide court authorities with current facts about legally liable members' earnings and expenses and family's budget needs.

(6) To develop and carry out joint plans with court authorities to maintain and stabilize consistent financial support.

6. Care and Protection of Children

It is of great importance that boards of public welfare should be concerned about the effects on children of the environment in which they are living and that services be provided which will be directed toward affording the children maximum protection and strengthening of their family life.

* Services in this section, as in employment section, presume that an individual's need for help in terms of health care, education and vocational training has been given to improve capacity for earning.

Because the standards of living conditions vary in accordance with geographical location, in making a determination on the adequacy of the home, the board of public welfare should consider all the factors in the situation which relate to the welfare of the child.

Assistance shall not be denied with respect to a needy child on the basis that the home conditions in which the child lives are unsuitable while the child continues to reside in the home. Assistance shall therefore be continued during the time efforts are being made either to improve the home conditions or to make arrangements for the child elsewhere.

Whenever there is a question of the suitability of the home for the child's upbringing, steps should be taken by the board of public welfare to correct the situation or, in the alternative, to arrange for other appropriate care of the child.

The local agency should work cooperatively either individually or by planned conference on a group basis with any persons who are directly concerned with the interests of the family. Such interested persons would usually include representatives of the clergy, the schools, private agencies, law enforcement agencies, and the Department. In cases where willful neglect of children is involved, such planning shall include referral of the case to the proper agency for action.

In those communities where public housing facilities are available, local agencies should consult the housing authorities for the purpose of developing an agreed plan whereby apartments shall be allocated to AFDC families that are living in unsuitable homes.

7. Coordination of Division of Child Guardianship and Public Assistance Staffs

The local social worker is responsible for continuous knowledge of the well-being of each child, for evaluation of strengths, unmet needs and unresolved problems which may contribute to future neglect of a child, for being aware of conditions hazardous to the child and of inadequate care and protection of the child. The local social worker is also responsible for providing early and continuing services to prevent deterioration in the home, to resolve problems, to improve child care and will use the full resources of the agency and of the community as needed by the family and the individual child in carrying out this responsibility. If the services rendered by the social worker and other cooperating agencies are of no avail and the child is severely neglected or abused, two community resources are available -- the MSPCC and the DCG. The MSPCC provides protective services for children who are neglected and abused. The DCG offers consultation to public and voluntary agencies in matters relating to the care and protection of children, makes investigations for the court and initiates court action for removal of children from their parents, and places and supervises children in foster care.

The social worker shall identify every child who is living in conditions hazardous or potentially hazardous to his well-being, shall evaluate the effects of these

conditions on the child, and shall establish casework goals for working intensively with the parents. The local agency must notify the District Office of the name of the case at the time this identification is made. After a reasonable length of time during which intensive casework service is made available and the resources of other agencies have been fully used, if the home situation does not begin to improve, or conditions in the home deteriorate, the local agency will conduct a case conference and will invite the District Office to participate.

In the case conference decisions will be made about next steps for the child. This may result in continuing services by the social worker in the same or newly identified ways, referral to other community agencies, or changes in the nature of services by cooperating agencies. It may result in referral of the case to MSPCC or to DCG.

No action may be taken to remove a child from his home without a case conference except in emergency situations.

The District Office will maintain a control on all cases identified as hazardous to children and will regularly review the case record of such cases. The District Office will take whatever follow-up action seems appropriate by discussing the case situation with the local agency, by seeking consultation from MSPCC or DCG or by arranging a case conference on its own initiative.

To aid the worker in identifying and giving service to cases in which the well-being of a child is threatened the following are to be considered: (1) signals of difficulty in the care and protection of children; (2) conditions which interfere with parent's ability to care for and protect their children; (3) criteria for evaluating the effects of hazardous conditions on children; (4) agency responsibility.

a. Signals of Difficulty

A hazardous home is a home in which adverse conditions or parent functioning in critical areas results in inadequate care and protection or in serious neglect of the physical, mental, emotional and moral development of the children. There are certain observable criteria which boards of public welfare should be aware of in assessing whether there are actual or potential home conditions present which may limit or impair certain areas of care and protection that are essential to the healthy development of children. Criteria to aid in assessing home conditions detrimental to the physical, mental, emotional or moral development of children are:

(1) Unsafe, unsanitary, overcrowded housing.

(2) Unsatisfactory household management in failing to provide wholesome meals, adequate clothing, hygienic needs, orderly daily routine, a warm home atmosphere.

(3) Physical abuse, or abnormal or unacceptable methods of discipline.

(4) Lack of essential medical attention, particularly to an ill or injured child.

(5) Lack of consistent affectionate guidance, supervision and reasonable discipline.

(6) Lack of interest in child's school attendance, adjustment and progress.

(7) Lack of interest in child's behavior and activities in the community - religious, recreational, educational.

(8) Parental problems, mental, physical or emotional, which prevent the parents from assuming their proper role.

(9) Exploitation through encouragement in begging, stealing, prostitution.

(10) Exposure to depraved conditions such as alcoholism, promiscuity, criminal activity or bizarre sex practices.

b. Conditions Interfering with Parental Functioning

Although most parents have a deep sense of responsibility about their roles as parents and marital partners, satisfactory fulfillment of these roles is significantly affected by a variety of factors such as:

(1) Physical or mental illness, incapacity, or deficiency on the part of one or both parents which interfere with their capacity to carry personal and parental responsibilities.

(2) Ignorance on the part of the parent of how to be a responsible person and parent, most often due to deprivation and lack of opportunity themselves in their childhood and lack of opportunity to learn or have help in developing capacities as they reached physical maturity; especially opportunity to be exposed to and learn what is expected of parents in a democratic society.

(3) Deterioration in personal and parental capacity, often due to long continued economic and social deprivation, and physical and/or emotional stress.

(4) Unavailability of or lack of access to community resources most of which all parents need to supplement and support their own efforts to provide for their children, such as health, educational, recreational and religious activities, day care, homemaker and other social services.

(5) Limited financial resources to purchase the necessities of life for themselves and their children not only intensifies the impact of the parental handicaps cited above but also seriously weakens the capacities of parents otherwise able to carry their responsibilities adequately.

(6) The pressures from limited assistance, multiple parent responsibilities, as in one-parent families, combined employment and home responsibilities, and isolation from the community often overwhelmingly add to the normal demands upon a parent.

c. Criteria for Evaluating Effects on Children

Criteria should provide the basis for assessing the various critical areas of parental functioning in relation to their children to identify areas of strength and limitations and the impact of total parental functioning and home conditions upon the child. Such assessment is necessary in determining if and what current and continuous hazards exist for the physical, mental, emotional and moral development of the child. Assessment as to resulting hazards for children requires evaluation of the direct effects of the limitations or impairments in parental functioning on the area of child care that are essential to the healthy development of the child. The most pervasive areas for evaluation are parental love and physical care. These areas are evaluated by observation and interviewing in relation to evidence of the parent's interest in and affection for the child and the child's response to the parent; as well as the physical condition of the child and the parent's efforts to provide or secure for the child the necessary food, shelter, clothing and medical attention.

d. Agency Responsibility

The family situation must be analyzed in accordance with the above criteria which may result in a determination that (1) there are no hazardous home conditions; (2) there are such conditions that can be alleviated by provision of social services; (3) the only solution is the removal of the child from the home.

When it has been determined that the home conditions can be corrected by the provision of social services, local agencies should provide such services described under the ten basic social areas.

When the determination is made that separation of the child from the family is necessary, the services of the Division of Child Guardianship should be sought to assist in planning for and providing foster care.

8. Case Recording

The case record must contain the findings of the initial and continuing social studies, the case classification and case plan, and a description of the services rendered and the results achieved. (See Chapter on Recording).

Outline Guide for Social Study

The following material is a guide for social workers to determine the information necessary to assess a family's or individual's need for services. Although all the specific items of information listed under the general headings may not apply to all individual family members in every case, sufficient information should be assembled in each area when applicable to determine the presence or absence of a problem.

The information should be available mainly through the social worker's interviews with and observation of family members, their interaction and their home setting. Where necessary, for more accurate assessment and sound planning of services, other collateral resources such as public or private health, welfare, or other adjustment services (courts, schools, etc.) should be used to obtain additional knowledge.

The findings in the areas listed below are to be recorded in the case record and shall serve as a basis for the evaluation.

1. Home Setting

Note the type of house and neighborhood where the family or individual lives. Consideration should be given to the following:

Neighborhood - note whether crowded, run-down, mainly a stable family or mobile rooming house population and indicate availability of schools, churches, shopping areas, transportation, recreational facilities, etc. Particular social problems or social assets in the neighborhood should also be noted.

House - note type of house such as furnished room, flat, one of a large number of tenements in a single block, etc. Also indicate the number of rooms, play space, state of repair and availability of housekeeping and sanitary facilities such as heating, bath, laundry, food storage and preparation, household furnishings, etc.

2. Homemaking

Note the homemaking interests and capacities. Consideration should be given to the adequacy of homemaking in relation to cleanliness of the home, purchase and maintenance of household furnishings and equipment, budgeting and management of income, meal planning, clothing replacement, cleanliness and clothing of the children, etc. Also indicate whether the adult members show any pride, satisfaction, pleasure, interest or creativity about their homemaking.

3. Parental Role

Adequate parent functioning aside from financial support of the child includes three aspects of the parent job -- loving, training, and protecting the child. Consideration should be given to the parents' relationship to the children in attitude and attempts to provide and

maintain a stable family life; over-all interest and supervision given to their physical, emotional, religious, educational, recreational, and social upbringing, etc. Also indicate the parents' attitude and behavior (angrily, encouragingly, supportively, etc.) toward each child as well as the responsibilities taken by the parents together or separately in the training of the children. Note each child's response, attitude, and behavior to the parents.

Separated Parents

Indicate the image of the father given to the children by the mother in what she says and how she acts toward him. Note the frequency of the father's contacts with the mother and children, the responsibilities he accepts, and the support or lack of support he gives to the mother in her parental role.

The Unmarried Parent

Note the mother's physical care of and attitude and behavior toward the child, how she handles the fact of illegitimacy with the child and pictures the father to the child; the father's attitude and behavior toward the child including support and parental responsibilities other than support.

Indicate the nature of the mother's relationship to the father (transitory, casual or long-standing) and whether characterized by anger, unrealistic expectations, punishment, self-devaluation, continuing dependency or ability to re-establish herself independently. Likewise consider the nature of the father's relationship to the mother, his attitude toward her and the possibilities of legitimation or protection of the child's rights through adjudication or acknowledgment of paternity.

Also note whether the mother has support from her family and friends in her parent role and to what extent.

4. Physical Health

Note the facts about the health of each family member. Consideration should be given to the need for health services, existence of physical impairment, adequate regular medical and dental examinations, follow-up services necessary, inoculations, etc.

5. Mental Health

Consider the effects of family members institutionalized for either mental illness or retardation, indications of possible mental health defects, care and protection of mentally retarded members, follow-up services with clinics, etc.

6. School Achievement

   a. Name of school, grade attending, reports on academic and social adjustment in school.

   b. When the child is not working up to capacity, indicate the possible or identified causes of the difficulty. Note what formal assessments and recommendations have been made by the school or community clinic.

   c. Note mother's understanding of the school adjustment; her interest and ability to work with the school, assist in carrying out school recommendations, and her response to the help of the social worker in cooperating with the school.

   d. Note the child's potentials, interests and goals vocationally as well as plans for furthering his progress toward realistic vocational goals.

7. Employment Potential

   a. Note the school grade completed; reasons for limited schooling or lack of achievement.

   b. Note whether the adult had any formalized vocational or skilled training in school or otherwise as well as any indications there may be for possible training or retraining, further vocational training, etc.

   c. Indicate other kinds of vocational or work experience; the length of the employment or training and whether successful.

   d. Note possibilities and plans for employment potential of the mother with only one or two older children.

8. Social Functioning

   Note each family member's relationship to other tenants, neighbors, school, social, recreational and religious groups. Indicate social attitudes, use of leisure time, companions, knowledge of available social resources, etc.

9. Rehabilitation Potential

   Rehabilitation is not confined to the expectation of self-support through employment but includes physical restoration to partial or full self-care, vocational rehabilitation, ability to function adequately despite mental retardation, etc.

Note the needs and possibilities for rehabilitation of family members in relation to the medical condition, medical treatment plan, mental ability, and employment potential of the individual.

Exploration of all resources for rehabilitation of the individual should be considered with the individual and the family keeping in mind mental attitudes, deficiencies, etc.

Indicate plans being followed in rehabilitation and whether the individual is following the plan recommended, etc.

10. Support Status

Note the ability of family members in or out of the home to contribute to the financial support of the family or individual based on employment information, U.C.C. and OASDI referrals, law enforcement proceedings, etc. Indicate the amount, frequency and regularity of support payments and the comparison to present budgetary needs of the persons receiving the support. Note the possibilities for review of court orders and voluntary contributions when the support being made is not consistent with present income.

Introduction

Social services for aged and disabled applicants and recipients shall be provided in accordance with the basic principles and methods described in Section A for family social services.

The specific service areas in which services must be provided are described in this material. Claiming of 75% Federal financial participation for providing services to these individuals in OAA and DA shall be made in accordance with provisions of Handbook #2.

1. Service during the Application Process

   In all new cases boards of public welfare must, as part of the intake process, identify and study the potential for improved individual and family functioning for reducing or eliminating dependency of applicants at the earliest possible opportunity. The board of public welfare shall provide short-term and referral service to bring to bear its full resources and those of the community.

2. Social Study

   A social study must be initiated on each new application and reapplication for OAA and DA. Therefore from the first contact with the board of public welfare the process of acquiring and organizing pertinent information regarding the individual's capacities, abilities and problems begins in order that the board of public welfare may identify the immediate and foreseeable problems as a basis for developing plans to cope with the problems or improve the situation. Interviews with the individual are required both as a part of the initial social study and the continuing process of evaluating the problems of the individual (see Outline Guide for Social Study - Section A Appendix I). The initial social study of new or reopened cases must be completed within 90 days from the date of application.

3. Evaluation

   Information obtained during the initial social study should provide the basis for evaluation of the individual. This evaluation is to be concerned with the major problems involved and the type of services needed in order to plan effectively to resolve these problems.

   The social worker must determine the type of problem involved and the prescribed service area. This information must be recorded in the case record to reflect that this is or is not a defined service case as outlined in item 6. of this Section.

4. Plan for Treatment

During the social study and case evaluation a systematic and appropriate plan of treatment services must be developed for each individual. The provision of services will be terminated in each case when the need for services no longer exists or their continuance is unwarranted.

5. Frequency of Visits

Those recipients of OAA and DA identified as being in need of social services shall be visited as often as necessary to provide the needed services, but not less frequently than once in three months.

6. Services in OAA and DA

As indicated by the social study it will be possible to determine and identify what problems exist in each case. When the problems of aged and disabled recipients fall within the following service areas the full scope of services defined in Section A of this Chapter which are appropriate to aged and disabled individuals are to be made available. These services are subject to 75% Federal financial participation. The service areas referred to are:

a. Aged and disabled individuals in need of protection, i.e., those who because of physical or mental limitations are unable to act in their own behalf; are seriously limited in the management of their affairs; are neglected or exploited; or are living in unsafe or hazardous conditions.

b. Aged and disabled individuals requiring services to remain in or return to their own homes or communities, i.e., those with physical and mental conditions that require special planning for care to avoid unnecessary placement in institutions or who are able to return to their own home or community if special arrangements are made and services are available.

c. Disabled individuals with potentials for self-support in whole or in part, i.e., those under 45 years of age whose condition indicates the possibility of immediate self-support or who have not had a previous evaluation of their self-support potential or the necessary services were not previously available; and those with good employment history and a strong desire for independence.

Services are to be provided to recipients of OAA and DA whose problems do not come within the three service areas. Federal financial participation for providing services to these recipients is available at 50%.

7. Services for Medically Needy in MA

The full scope of the defined services will be provided to the medically needy on request and protective services will be provided as needed. Emphasis in offering services will be on helping applicants and recipients to obtain needed medical care and rehabilitation. They will include counseling around health problems and resources during medical emergencies. The application process for the medically needy is carried out through the use of a declaration form on which the applicant may indicate his desire to receive services. If services are to be provided a social study must be made. Federal financial participation for providing these services is to be claimed at 50%.

8. Case Recording

All pertinent information which results from the findings of the social study, evaluation and treatment plan together with the social services provided and the effects of such services is to be fully recorded in the case record.

MASSACHUSETTS PUBLIC ASSISTANCE POLICY MANUAL

Revised 1968

CHAPTER VI - COMPLAINT AND APPEAL PROCEDURES

INQUIRIES AND COMPLAINTS

1. Inquiries

An inquiry is a general or specific written or verbal communication from a person, institution or other agency requesting information about some aspect of a public assistance program.

Generally, inquiries are processed by the office to which such inquiries are directed.

2. Complaints

A complaint is a general or specific written or verbal communication which expresses the dissatisfaction of a person, institution or other agency concerning the policies and procedures in relation to the administration of any of the public assistance programs.

a. Welfare Service Office Adjustment Procedures

The worker is primarily responsible for dealing with complaints from individuals or institutions. Dissatisfaction may result from an inadequate understanding of the law and policy under which the agency functions. Ordinarily, expressions of dissatisfaction may be resolved by a prompt and sound interpretation of agency policy by the worker. In the event the complainant is not satisfied with the worker's explanation and feels he should go beyond the worker for assurance that he is receiving equitable treatment, the worker's immediate supervisor should be available for a three-way discussion of the problem. In any event, the worker's decision relative to any complaint is to be reviewed by his immediate supervisor.

If the complaint can be adjusted, explanation is to be made to the person or institution of the proper procedure for obtaining consideration of other needs in the future. If the complaint cannot be adjusted, a careful explanation should be given of the reasons why it is not possible to comply and at the same time the individual or institution should be informed of the right to appeal and have a fair hearing or review without a hearing.

b. Complaints Directed to Central or Regional Offices

On occasion, individuals or institutions may file complaints directly to the Central or Regional Offices of the Department. Complaints so directed are referred to the W.S.O. through the appropriate Regional Office. After a review of the complaint, a summary is made of the facts involved and the action to be taken. A letter is then sent to the complainant informing such individual or institution of the appropriate action in relation to the complaint. A copy of this letter is sent to the office of the Department to which the complaint was originally directed.

APPEALS

The right to appeal and have a fair hearing or review without a hearing is available to the applicant or recipient in all public assistance programs. S.L.292 ~~Except in General Relief,~~ this right is also available to certain institutions as defined in the General Laws.

1. Basis of Appeal

a. Applicant or Recipient

Applicant or recipient has the right of appeal when he is dissatisfied for any of the following reasons:

(1) Denial of the right to file an application or re-application for assistance either verbal or in written form.
(2) Denial of application.
(3) Suspension of assistance or closing of case.
(4) Change in amount of assistance grant.
(5) Failure to meet the legal minimum in OAA.
(6) Failure to act on, approve or reject an application within thirty days.
(7) Assistance seems inadequate.
(8) Agency policy as it affects his situation including the appropriateness of a work or training referral or determination of need for a protective or vendor payment status.
(9) Denied participation in any Federal food program in communities which have such programs.
(10) Denied or excluded from social services to which he is entitled; subject to actions which deny him the right of choice to available social services; subject to actions forcing him to participate in social services involuntarily.
(11) Subject to coercive or otherwise improper conduct on the part of the social worker or failure of the social worker to make required periodic visits.

b. Certain Institutions

The institution furnishing care to a needy individual ~~(except in General Relief)~~ S.L. 292 shall be entitled to notice and appeal in the same manner as the applicant or recipient. However, the right of the institution cannot supersede the right of the individual under the appeal process.

2. Notification

Written notification must be sent to the applicant, recipient or certain institutions informing the person or institution, as the case may be, of the right of appeal and an explanation of the appeal procedure.

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3. Procedure in Filing Appeal

a. Time Limit

The appeal form must be received by the Subdivision of Appeals within sixty days after official written notice is received by the person or institution of the action taken by the WSO. If there is a disagreement on the date or nature of the request, the appeal is accepted and this is considered at the hearing or review along with other issues of the case. The issue(s) will be resolved by the appeal referee through facts submitted at the hearing or review without a hearing.

b. Appeal Forms

Generally, the Appeal Form (SS-10) is obtained by the appellant from the WSO. In other instances, an oral or written request to any other office of the Department for an appeal will be sufficient to protect the right of appeal. The person, institution or designated representative must sign Appeal Form (SS-10) and should indicate a preference on the form as to a fair hearing before a referee or a review without a hearing. In either case, the Subdivision of Appeals will register the appeal and send an Appeal Case Summary Form (SA-1) to the WSO.

The WSO shall complete the Appeal Case Summary Form (SA-1) in detail including the reason for the action and return it within ten business days to the Subdivision of Appeals. The case summary should be concerned only with the appeal issue(s) and must be signed by a supervisor.

4. Adjustment of Matters Relating to the Appeal

The WSO and the appellant (person or institution) have the right mutually to adjust the issue in the case prior to the appeal decision. When the adjustment is satisfactorily reached, the Subdivision of Appeals must be notified in writing by the WSO. The appellant also may withdraw his appeal in writing. However, arrangements for a fair hearing cannot be delayed or cancelled because a possible adjustment is under consideration.

The Department shall not deny or dismiss a request for a hearing except where it has been withdrawn by the appellant in writing or abandoned.

b. Classification for WIN registration.

c. Manner or form of payment including appropriateness of paying all or part of the standard budget as protective or vendor payment.

d. Scope and amount of payment.

6. Denial of a request for Emergency Assistance, or failure to give written notice to the applicant of action on such a request forthwith.

7. Coercive or otherwise improper conduct on the part of any Department employee involved in the applicant's or recipient's case.

8. Any condition on eligibility for or receipt of assistance or services which is not authorized by regulations of the Department.

B. Request for Fair Hearing

A request for a fair hearing is defined as a written statement by the appellant or his authorized representative which asks for the opportunity to present his case to a higher authority. The request for a fair hearing must be received by the Department within thirty (30) days (sixty (60) days in medical assistance) after the date the Department sends official written notice of action by the Department which includes a statement on the right of appeal and the time limit for appealing.

Any request for a fair hearing which cites coercive or otherwise improper conduct on the part of a Department employee must state the name of the employee and the dates and nature of the incidents.

C. Date of Request - Time Limit for Rendering Decisions

The date of request for a fair hearing is the day on which the appellant presents his written statement to the Division of Hearings asking for the opportunity to present a grievance to a higher authority. The final fair hearing decision must be rendered within sixty days of the date of request, except when an appellant appeals a denial of the right to apply or reapply for assistance, a denial of an application for assistance, the failure to act on an application for assistance within thirty days of application, or the failure to render Emergency Assistance, or disaster assistance benefits for SSI or GR recipients, in which instances, the final decisions must be rendered within forty-five days of the date of request.

III. Prehearing Procedure

A. Scheduling

Within five days after the Division of Hearings receives a request for a fair hearing, the Division of Hearings will register the appeal, set a date for a hearing, and so notify the appellant and the relevant office of the Department. The Division of Hearings must designate a site for the hearing, convenient to the appellant. If the appellant has a handicap or other situation which prevents his appearance at the designated site, at his request the hearing may be held in his home or other designated

b. The appellant has the right to subpoena any witness and the production of any evidence. The appellant may:

(1) have such subpoena issued by a notary public or justice of the peace in the name of the Division of Hearings, or

(2) apply to the Division of Hearings in writing for the issuance of such subpoena. Such subpoena shall be issued within two working days of receipt of the application.

3. Petition to Vacate Subpoena

Any witness subpoenaed may petition the Director of the Division of Hearings to vacate or modify a subpoena.

a. The Director shall in an informal manner give the party issuing or requesting the issuance of the subpoena notice of such petition orally or in writing. The notice shall recite the contents of the petition and shall indicate that the party may oppose the petition orally or, if time permits, in writing to the Director. If time does not permit an oral opposition the hearing shall be postponed long enough to permit the party to respond to the petition. This procedure shall not be construed to require a hearing or adjudicatory proceeding.

b. After such investigation as the Director considers appropriate, the Director may grant the petition in whole or in part upon a finding that:

(1) the testimony or the evidence whose production is required does not relate with reasonable directness to any matter in question, or

(2) the subpoena is unreasonable or oppressive, or

(3) the subpoena has not been issued a reasonable period in advance of the time when the evidence is requested. Unless the Director finds that at least one of the above conditions exist, the Director shall deny the petition.

4. Failure to Comply with a Subpoena

If any person fails to comply with a properly issued subpoena, the Division of Hearings (or, if the appellant requested the issuance of the subpoena, the appellant) may petition the Superior Court for an order requiring compliance with the terms of the subpoena. If the Superior Court issues such an order and any person who is subject to it does not comply with it, the Court may punish that person for his contempt.

F. Adjustment of Matters Related to the Fair Hearing

The fact that an appeal has been filed does not prohibit the WSO from making an adjustment in the matters at issue prior to the fair hearing. If, as a result of an adjustment, the appellant is satisfied and wishes to withdraw

all or parts of his appeal, the WSO shall transmit to the Division of Hearings the appellant's written withdrawal. However, neither the WSO nor the Division of Hearings can delay or cancel a fair hearing because a possible adjustment is under consideration unless the appellant requests a delay or cancellation.

If the appellant and the WSO reach agreement at the hearing, they may agree also on proposed language for the decision by the referee. The referee may accept any such proposals or may reserve the writing of the decision.

G. Request for Rescheduling

Prior to the day on which the fair hearing is scheduled the Division of Hearings:

1. may change the date, time and place of the hearing upon due notice to the parties involved; or

2. shall at the request of the appellant, the employee or the WSO continue the hearing to another date if the request sets forth a good faith claim that the party requesting the continuance is not prepared to go forward on the date originally scheduled or needs additional time to produce evidence and witnesses, or has other good reasons for not appearing on the date set.

Any continuance granted by the Division of Hearings at its own instance or at the instance of the employee or the WSO may not waive the time limits set by this Chapter.

IV. Fair Hearing

A. Description of Fair Hearing

The fair hearing provides an opportunity for the appellant, any employee against whom allegations of coercive or otherwise improper conduct have been made and the WSO to present all materials relevant to the case. A hearing is conducted by an impartial referee of the Division of Hearings. His decision is based only on those matters which are presented in the hearing. The referee examines the facts and law and other circumstances of the case presented by the parties to determine the legality and appropriateness of the Department's or employee's action or inaction. The decision of the referee is the final administrative adjudicatory decision of the Department. It is binding upon all employees of the Department and is not subject to any review within the Department, except that appeals where the issue involves medical assistance may be subject to review as provided in item V.B., of this section.

B. Participation at the Fair Hearing

The following will participate at the fair hearing although others may attend at the discretion of the referee:

1. Appellant, and his authorized representative(s) and witness(es).

2. A staff person from the WSO assigned by the Director or his designee and other witnesses at the discretion of the WSO.

3. A Department attorney to represent the WSO when such representation is requested in advance by the WSO or the referee and the Department attorney considers such representation to be appropriate. The Department attorney when appearing shall represent and present the position of the Department, but not the Division of Hearings.

4. Referee.

5. Any employee against whom allegations of coercive or otherwise improper conduct have been made.

6. The authorized representative of any such employee.

C. Appellant's Rights

The appellant at his option can present his own case or can be assisted by an authorized representative(s) and shall have the right to:

1. Bring witnesses.

2. Present and establish all relevant facts and circumstances by oral testimony and documentary evidence.

3. Advance any pertinent arguments without any undue interference.

4. Question or refute any testimony including an opportunity to confront and cross-examine adverse witnesses.

5. Examine and introduce evidence from his case record and examine and introduce any other pertinent Department documents.

D. WSO Rights and Responsibilities

The WSO can present its own case or can be assisted by Department attorney as described in E and:

1. Is responsible for an adequate investigation before reaching a decision as to eligibility or assistance benefits.

2. Is responsible for submitting at the hearing complete information on which any decision at issue is based.

3. Should introduce into the hearing from the case record only the material which pertains to the issues.

4. Must designate and send a staff person from the Department to the hearing to justify the action or inaction of the Department.

5. Must ensure that the case record is present at the hearing and that the appellant has adequate opportunity to examine it prior to and at the hearing.

6. May bring witnesses or upon request to the Division of Hearings, subpoena witnesses.

7. May present and establish all relevant facts and circumstances by oral testimony and documentary evidence.

8. May advance any pertinent arguments without any undue interference.

9. May question or refute any testimony, and have an opportunity to confront and cross-examine adverse witnesses.

10. May examine and introduce evidence from the case record and examine and introduce any other pertinent Department documents.

E. Employee's Rights

Any employee against whom allegations of coercive or otherwise improper conduct have been made may present his own case or may be assisted by an authorized representative(s) and shall have the right to:

1. Bring witnesses.

2. Present and establish all relevant facts and circumstances by oral testimony and documentary evidence.

3. Advance any pertinent arguments without any undue interference.

4. Question or refute any testimony including an opportunity to confront and cross-examine adverse witnesses.

5. Examine and introduce any pertinent evidence.

F. Responsibilities of Department Attorney

1. The Department's attorney may appear at the request of the WSO or the referee whenever appropriate.

2. Whenever they appear, the Department's attorneys shall represent the position of the Department but do not represent the position of the Division of Hearings, nor the position of any employee against whom coercive or otherwise improper conduct has been alleged.

G. Referee's Duties and Powers at Fair Hearings

Duties – The referee shall have the duty to conduct a fair hearing to ensure that the rights of the appellant, Department employees, and the Department are secured expeditiously, to define issues, to receive and consider all relevant and reliable evidence and exclude irrelevant evidence, to ensure an orderly presentation of the evidence and issues, to ensure a record of the proceedings

and to reach a fair, independent and impartial decision based upon the issues and evidence presented at the hearing and in accordance with the law. He shall have the following specific duties:

1. Administer the oath to all people who are going to testify at the hearing.

2. Assist all those present in making a full and free statement of the facts in order to bring out all the information necessary to decide the issues involved and to ascertain the rights of the appellant.

3. Ensure that all parties have a full opportunity to present their claims orally or in writing and to secure witnesses and evidence to establish their claims.

4. Receive, rule on, exclude, or limit evidence pursuant to Item I below.

5. Introduce into the record any regulations, statutes, memoranda, or other materials he believes relevant to the issues at the hearing.

Powers - The referee shall have the following specific powers:

1. Change the date, time and place of the hearing on his own motion or on request of any party upon due notice to the parties,

2. Request a statement of the issue(s) and define the issue(s).

3. Regulate the presentation of the evidence and the participation of the parties for the purpose of ensuring an adequate and comprehensible record of the proceedings.

4. Issue subpoenas on his or her own motion or upon request of any party to ensure the presentation of evidence or testimony.

5. Examine witnesses and ensure that relevant evidence is secured and introduced.

6. Continue the hearing to a subsequent date to permit either party to produce additional evidence, witnesses, materials and legal rules.

7. At the request of the appellant, or on his own, authorize the Department to pay for the costs of an independent medical examination, if relevant.

H. Defaults

If either the appellant or the Department fails to appear at the hearing, the Division of Hearings shall notify the non-appearing party in writing (at the address listed in the current recipient master file) that if said party fails to request a rescheduled hearing within ten days of the notice, a default will

be entered against the party who fails to appear. If said party requests a rescheuled hearing and again fails to appear, the Division of Hearings shall grant another rescheduled hearing only for good cause.

In cases in which coercive or otherwise improper conduct has been alleged against a Department employee and said employee does not appear at the hearing after due notice, the hearing may proceed in his absence. Whether or not the employee is present, the referee shall make no finding of coercive or otherwise improper conduct unless such evidence is produced at the hearing.

The employee, if he fails to appear at the hearing, may request in writing within five (5) days that the hearing be reopened. Such request shall be granted only for good cause.

I. Evidence and Testimony

All evidence and testimony, materials, and legal rules on which a decision is to be based must be presented at the hearing. Oral testimony must be given under oath at the hearing. Witnesses shall be available for cross-examination.

The rules of evidence observed by courts shall not apply but the referee shall observe the rules of privilege recognized by law. The referee shall consider all evidence and testimony which is pertinent and the kinds of evidence on which reasonable persons are accustomed to rely in the conduct of serious affairs. The referee shall exclude unduly repetitious or clearly irrelevant evidence.

All regulations, memoranda and other material containing legal rules must be placed into evidence at the hearing. Regulations and statutes may be put into evidence by reference to the citation or by a copy of the regulations. Memoranda or other material must be put in evidence by a copy of the memoranda or other material.

All documents and other evidence offered or taken for the record shall be open to examination by the parties and opportunity shall be given to refute facts and arguments advanced on either side of the issues. The appellant or his representative shall have reasonable opportunity to examine the entire contents of his case file and all documents and records to be used by the Department at the hearing at any time after a request for a fair hearing has been filed, as well as during the hearing and to question witnesses.

All evidence and testimony of the proceedings shall be taken by a hearing stenographer or mechanical recording. The transcript or recording of testimony, the exhibits and documents introduced at the hearing, and the decision of the referee shall constitute the record of the proceedings for purposes of judicial review.

J. Fair Hearings Involving Medical Issues

When the hearing involves disputed medical issues, the referee shall request of the appellant or upon his own motion advise that a medical examination and assessment will be obtained from a medical practitioner of appellant's choice and made part of the record. Such examination and assessment shall be at the expense of the Department.

The referee shall not refer any disputed medical issues to a Department Medical Consultant(s) for opinion or decision. Any consultant(s) involved in making the medical determination can appear as witness at the hearing.

K. Reopening Prior to Decision

After the close of the hearing and prior to a decision, the referee, if he finds need to consider further testimony, evidence, materials, or legal rules before rendering his decision may reopen a hearing to consider such further information. If he so decides, he must send seven days' written notice to all parties of the reopening and his reasons therefor , including the date, time and place of the resumed hearing, which shall be held at a location convenient to the person appealing. Prior to a hearing decision any party to a hearing may request the referee in writing to exercise his power hereunder, which request shall become part of the record.

V. Decision-Making Process

A. Referee Independence

The decision of the referee shall be binding on the Department. The referee's decision shall not be subject to review or approval by any other official or employee of the Department except as hereinafter specified in Item V,B. for Medical Assistance. No official or any other employee of the Department shall review, interfere with, change or attempt to influence any hearing decision by a referee.

B. Review of Referee Decisions in Medical Assistance Only

The Commissioner (but not his designee) may for good cause shown, direct the Director of the Division of Hearings (but not his designee) to conduct a rehearing of the appeal. An order to conduct a rehearing shall not be construed as indicating or implying any position by the Commissioner on the merits of the appeal. The Director shall send a seven day written notice to all parties, including the date, time and place of such rehearing, which shall be held at a location convenient to the person appealing, and after such rehearing the Director may, not later than thirty days after the issuance of the referee's decision, issue a superseding decision.

C. Time Limits

The referee shall render and issue his decision within sixty days of the date of request, except when an appellant appeals a denial of the right to apply or reapply for assistance, a denial of an application for assistance, the failure to render Emergency Assistance, additional benefits in AFDC, or Disaster

Assistance Benefits for SSI and GR recipients, in which instances, the referee must render a final decision within forty-five days of the date of request. In the case where the appellant requests and is granted a delay or continuance prior to or at the hearing, the period of delay shall be added onto sixty or forty-five days.

D. Basis of Fair Hearing Decision

The referee may take a number of courses of action in his decision:

1. Find in favor of the appellant.

2. Uphold the action or inaction of the Department.

3. Accept written withdrawal of the appeal by the appellant.

4. Accept settlement of the issues agreed to by the parties.

5. Default any party who fails to appear and does not request a rescheduling of the appeal within the allotted time period after the hearing date.

The referee's decision is based upon the evidence, testimony, materials and legal rules presented at the hearing. Any evidence, testimony, materials and legal rules presented after the close of the hearing will be excluded unless the hearing is reopened by the referee for the taking of said evidence. Departmental memoranda and other materials containing legal rules or standards which are not in the form of duly promulgated regulations can never be relied on as the basis of the fair hearing decision. The referee's decision must be rendered in accordance with the law. The law includes the duly promulgated regulations of the Department and other state agencies, state statutes, the pertinent regulations of the Department of Health, Education and Welfare and other federal agencies, federal statutes, the Constitution of the United States and the Commonwealth of Massachusetts as well as court decisions of the state and federal courts and administrative decisions of the Department. Referees, however, shall not render decisions which require their determination of the legality of the Department regulations. Such matters shall be decided by the courts without any necessity of going through the fair hearing process. In administrative hearings involving the legality of Department regulations, the referee will render a decision that he cannot consider the legality or illegality of a Department regulation and base his decision on the applicable regulation.

E. Findings, Rulings and Orders

The decision itself shall be a comprehensive statement of the referee containing the following elements:

1. A statement of the issues involved in the hearing.
2. Clear and complete findings of fact on all relevant factual matters, which findings are supported by evidence in the record.
3. Clear and complete rulings of law on all relevant legal issues, citing the relevant regulations and/or other legal bases for his decision.
4. A concise statement of the conclusions drawn from the findings of fact

and rulings of law, including the reasoning used by the referee in reaching the conclusions.

5. If the decision is in favor of the appellant, a precise, clear order to the appropriate Department office or official to take necessary corrective action, which shall, if relevant, include retroactive payment to the date of incorrect payment as well as prospective relief. Retroactive payments include reimbursement to appellants who have used their own funds to purchase items or services which the Department improperly failed to provide.

F. Rendering the Decision

The signed decision of the appeals referee shall be final and binding on the Department. Copies of the decision and reasons for the decision shall be forwarded to the WSO, the Regional Office, and the appellant and the appellant's authorized representative. The appellant and his authorized representative shall also be notified in writing of the decision and the reasons that formed the basis of the decision and of the right to judicial review. The effective date of the decision is the day the written decision is signed by the responsible appeals referee. The Division of Hearings will maintain a log which shall contain the following information on each decision:

a. Name of appellant
b. Address of appellant
c. Category of assistance
d. Date of decision
e. Date notice mailed to client
f. Date notice mailed to Regional Office
g. Date notice mailed to WSO

VI. Post Decision Process

A. Judicial Review

If the appellant is dissatisfied with the final decision of the referee, s/he has the further legal right of judicial review in accordance with Chapter 30A of the Massachusetts General Laws. If the appellant wishes to have judicial review, s/he must file a complaint with the Superior Court in the county where s/he resides or has his or her usual place of business or Suffolk County within thirty days after the effective date of the fair hearing decision. The Department must notify appellant and his or her authorized representative of his or her right to seek judicial review and the time limits upon seeking said review in each of these instances.

B. Access to the Record

The record of the fair hearing shall be provided to the appellant within the appropriate time limits after filing the complaint for judicial review. Where it is necessary for an appellant to review the record of the proceedings in order to prepare a complaint for judicial review, the Division of Hearings will provide access to the record or transcript of the hearing prior to the filing of the complaint. Such access may be accomplished by allowing

the appellant or his or her representative to examine all the documentary evidence and to listen to the tape recording or to review the hearing with the stenographer or to review the prepared transcript.

C. Implementation

1. Finality of Appeal Decision

The signed decision of the appeals referee is final and binding on the Department. Facts found and issues decided by the referee in each case are binding on the parties to that case and cannot be disputed again by them in any other administrative proceeding, except as provided in Item V., B. of this section

In a case where the appeals referee has found coercive or otherwise improper conduct on the part of an employee, the referee shall refer the record, together with his findings and any supporting documents, directly to the Regional Administrator who shall determine what action is appropriate and shall take such appropriate action within 30 days of the date of the decision. The remainder of this item C does not apply to appeal decisions where the sole finding is coercive or otherwise improper conduct on the part of an employee.

2. Responsibility for Implementing Appeal Decisions

The WSO must speedily implement the decision so that the appellant will receive any benefits due within 30 days of the date of the decision. The WSO must fully and completely implement the decision. No official or any other employee of the Department shall interfere with, review, change or attempt to influence the implementation of the fair hearing decision.

The Regional Office and the WSO shall be responsible for the full and prompt implementation of all fair hearing decisions within a maximum period of 30 days.

3. Notification to Appellant

In the notice of decision, the referee shall notify the appellant of his right to full and prompt implementation within 30 days. The notice shall direct the appellant to notify the appropriate Regional Office in writing if there is not full compliance within 30 days.

4. Procedure for Monitoring Implementation

The Department shall monitor approved and denied appeal decisions to insure WSO compliance with the decision in the following manner.

a. Each Regional Administrator will assign the Head Administrative Clerk the responsibility for receiving the Regional Office copies of the appeal decisions. The Regional Administrator will delegate a person to set up and control suspense files. The suspense file will be broken down into the 30 or 31 days of

the calendar month. Each decision will be filed in the suspense file on the 20th day after the date on which the referee's decision is dated. For example, if the referee's decision is dated October 15th, the decision will be filed in the suspense file for the 4th of November.

b. The WSO shall send to the Regional Office a memorandum briefly describing the action they took to implement the decision plus documentation of the action (e.g. a copy of the SS9A Authorization of Grant and Medical Assistance). At the same time the WSO shall also notify the appellant of the action it has taken by sending Form NFL #12 to the appellant.

c. The delegated person in the Regional Office will review the information to determine if the WSO has taken action and if the action indicates total compliance with the decision. If the information indicates total compliance with the referee's decision, the decision together with the WSO information will be filed by the delegated person in a file for implemented decisions.

d. If by the 20th day from the date of decision, the WSO has not sent written information to the Regional Office indicating that the decision has been implemented at the WSO, or, if the information submitted indicates less than total compliance, the delegated person will notify the Regional Administrator. The Regional Administrator shall then delegate a Regional employee (e.g. a Field Representative) to contact the Director of the WSO in question to determine why the decision had not been implemented within the 30 day period. That delegated person shall maintain responsibility for follow-up of the appeal until it is implemented. The Regional Office shall be responsible for insuring that the decision is implemented within 30 days.

e. If the Regional Administrator determines that the decision cannot be implemented by use of the usual recipient or vendor payment systems, he shall promptly notify the Central Office Regional Coordinator of the case in question. The Regional Coordinator shall then have responsibility for insuring implementation of the decision. The procedure used by the Regional Coordinator to implement these types of decisions will generally be longer than thirty days.

VII. Compilation of Fair Hearing Decisions

The Division of Hearings will compile all of the fair hearing decisions for each calendar month by category of assistance. Copies of this compilation will be available to the public at the Division of Hearings and at all Regional Offices after steps have been taken to delete the appellant's name and address in order to protect the confidentiality of public assistance information. In cases involving coercive or otherwise improper conduct, the name of the employee against whom allegations of such conduct have been made shall be deleted from the record.

1. Fair Hearing

a. Definition

A fair hearing is a quasi-judicial proceeding by which the Department, on the basis of a request from an applicant, recipient or institution, examines the circumstances in the individual case because the person or institution concerned believes the proper consideration has not been given to all the circumstances. The fair hearing proceeding is designed to safeguard the interest of all persons and to insure equitable treatment towards all interested parties under the appeal process.

b. Time, Place, and Notice of Attendance at Hearing

The Subdivision of Appeals sets the time and place of the hearing, which is ordinarily held at the W.S.O. unless the appellant has a handicap which prevents his appearance at that office. In such cases, the hearing may be held in the appellant's home or another designated place. Written notice of the date, time, and place of the hearing is sent to the appellant and the W.S.O. An explanation of the hearing procedure and the right to be represented by legal counsel for whose fees and expenses he (she) will be responsible is the information which must be included in the notice to the appellant.

Attendance at the fair hearing is limited to the appellant, his representative, including legal counsel, witnesses, and designated representative(s) of the W.S.O. whose responsibility it will be to bring any pertinent written material to the hearing.

The appellant or his representative shall have adequate opportunity to examine the entire contents of his case file and all documents and records to be used by the WSO at the hearing at a reasonable time before the date of the hearing as well as during the hearing. The referee does not review any pertinent written material prior to the hearing unless such material is made available to the appellant or his representative.

c. Conduct of Hearing

The hearing is conducted by a referee appointed by the Commissioner of Public Welfare. The referee decides whether to use his right to administer the oath to the appellant, witnesses and representative of the W.S.O. The hearing is conducted on an informal basis. The referee's participation consists of obtaining a correct statement of facts from the parties and of confining the fair hearing to the basic issues. The referee assists all those present in making a full and free statement of the facts in order to bring out all the information necessary to decide the issues involved and ascertain the rights of the appellant. The appellant has full opportunity to present his claim either in writing or orally and may produce witnesses. The same procedure applies for the W.S.O. representative.

If the appellant fails to make an appearance at the hearing, the hearing is adjourned without taking evidence, the appeal case will be closed and the appellant so notified. If he still desires a hearing, it will be rescheduled, if so requested in writing within 10 days after receipt of the letter. If the appellant fails to appear a second time, the appeal referee has the jurisdiction to close the hearing at his discretion. He also, has the full authority to grant an extension of time for reasonable cause to the appellant. In all instances, the appellant and the WSO are notified of the referee's action in the case.

d. Testimony and Evidence

All evidence and testimony on which a decision is to be based, must be presented at the hearing. Evidence and testimony relative to basic eligibility factors such as age or relationship to grantee must be given retroactive consideration.

The technical rules of evidence are not strictly adhered to at the hearing since the primary purpose is to ascertain facts. All pertinent and reliable evidence and testimony are considered. The appellant or his representative shall have adequate opportunity to examine the entire contents of his case file and all documents and records to be used by the WSO at the hearing, at a reasonable time before the date of the hearing, as well as, during the hearing, and to question witnesses. Since the WSO is responsible for an adequate investigation before reaching a decision as to eligibility and amount of assistance, the Subdivision of Appeals makes no investigation. The WSO representative is responsible for submitting at the hearing complete information on which the decision was based and should introduce into the hearing only the material in the case record which pertains to the issues.

When the hearing involves medical issues, a medical assessment other than that of the person or persons involved in making the original decision will be obtained and made a part of the record if the hearing officer or the appellant considers it necessary.

All evidence and testimony of the proceeding are usually taken by a hearing stenographer, if available, or by mechanical recording. The record of the hearing is permanent and is available for examination upon request in writing by the appellant or his representative.

2. Review Without a Hearing

A review without a hearing shall have the same force and effect as a fair hearing. It is similar in all respects to the fair hearing procedure, except that the appellant is not present at the proceeding. Upon receipt of the Appeal Form (SS-10), written notification of the date of the review is sent only to the WSO. The appeal referee reviews the record in the WSO, interviews the WSO worker or supervisor and arrives at a decision. Notification is then sent to the appellant, the WSO and the Regional Office in the manner described in Item 3, Page 3 of this Section.

3. Appeal Decision

a. Responsibility for Decision

The signed decision of the Subdivision of Appeals, when approved by the Commissioner, shall be final and binding on both the appellant and the Department, subject to judicial review (see Section C, p. 4, item 4).

Since the decision is not stated at the hearing or review proceeding, a letter is transmitted by the Subdivision of Appeals to the WSO and the appellant within 60 days after the appeal is filed. If the appellant requests a delay in the hearing for any essential reason, reasonable time is given and such extra time may be added to the 60 days. The WSO must comply with the decision within 30 days of the date of the appeal decision.

b. Basis of Decision

The decision is based on facts as they existed at the time action was taken by the WSO. If the circumstances have changed and it appears the matter can be resolved in favor of the appellant on the basis of the facts presented at the time of the hearing, the appeal is denied by the referee with the recommendation that the WSO reconsider its action.

c. Content of Decision

The appeal decision itself shall be a conclusive statement of the action of the Department. The reasons for the decision shall include the basic issues involved, a summary of relevant factors which bear upon the decision and the conclusions reached by the referee. Insofar as may be applicable, a decision in favor of the appellant applies retroactively to the date the incorrect action was taken, and also applies prospectively.

Copies of the appeal decision and the reasons for the decision shall be forwarded to the WSO and the Regional Office. The appellant shall be notified in writing of the decision and of the reasons that formed the basis of the decision as well as his right to a judicial review. The appellant shall also be advised that he may examine the hearing record (if he wishes) and it shall be made available to him.

d. Summary of Appeal Decisions

The Subdivision of Appeals will compile a statewide summary of all appeal decisions, which will include the total of appeals by category and Regional Office location, the basic issues involved, and the number and reasons for approvals and denials. This summary will be sent to each Regional Office quarterly and be available to the W.S.O. and the general public as well.

4. Judicial Review

If the appellant is dissatisfied with the final decision of the Department he has the further legal right of judicial review in accordance with Chapter 30A of the General Laws. If the appellant wishes to take advantage of the judicial review he must file a petition for review with the Superior Court in the county where he resides or has his usual place of business within 30 days after he has received the final decision.